

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13543**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 131

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wortham | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wortham | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wortham, Mo. | | d. STREET ADDRESS (If rural, give location) None | |

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|--|-----------------------------|------------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Samuel | b. (Middle) Andrew | c. (Last) Welker | 4. DATE OF DEATH (Month) (Day) (Year) April 12, 1949 |
|--|-----------------------------|------------------------------|----------------------------|---|

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|-----------------------|----------------------------------|--|--|--|-------------------------|----------------------|---------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 6, 1870 | 9. AGE (In years last birthday) 78 | 10. MONTHS 11 | 11. DAYS 6 | 12. IF UNDER 24 HRS. Hours Min. |
|-----------------------|----------------------------------|--|--|--|-------------------------|----------------------|---------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME George Welker | 13b. MOTHER'S MAIDEN NAME Mary Jenkins | 14. NAME OF HUSBAND OR WIFE Elizabeth Welker |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME William C. Martin | ADDRESS Wortham, Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) Senility | | |
| | DUE TO (c) 3247 | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) non | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from July 1, 1948, to April 12, 1949, that I last saw the deceased alive on April 10, 1949, and that death occurred at 12 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Jas. W. Hoffmann | 23b. ADDRESS Brsmarck Mo | 23c. DATE SIGNED 4/13/49 |
|---|------------------------------------|------------------------------------|

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|--|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/14/49 | 24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery | 24d. LOCATION (City, town, or county) (State) Franklav, Mo. |
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| DATE REC'D BY LOCAL REG. Apr. 13, 1949 | REGISTRAR'S SIGNATURE Esther Rudolph | 25. FUNERAL DIRECTOR'S SIGNATURE Bert L. Boyer | ADDRESS Leadwood, Mo. |
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RECEIVED

Health Officer No. 4
File Number 449
Filed 4-18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

William E. Boyer

Student Embalmer No. 229

working under my personal supervision.

Signed *William E. Boyer*
Student Embalmer

Signed *Bert L. Boyer*

Licensed Embalmer No. 3445

P. O. Address *Leadwood Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.