

FILED FEB 3 1942

Registration District No. 354-338 Primary Registration District No. 5474

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Harrison Missouri

(b) City or town Gilman City

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether In this community 78 years 7 months 9 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

(c) City or town Gilman City

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME GAMES M. WELDON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 30 to Jan 31, 1942 that I last saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fanniss Weldon 6. (c) Age of husband or wife if alive 65 years (Day) (Year)

7. Birth date of deceased Oct 12 1869 (Month) (Day) (Year)

Immediate cause of death Pneumonia of heart 3 days

Due to Pneumonia 5 days

8. AGE: Years 78 Months 2 Days 9 If less than one day hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 109

Of autopsy _____

9. Birthplace Gilman City, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

MOTHER FATHER

11. Industry or business Boat & Truck

12. Name William W. Weldon

13. Birthplace Fanniss Ky (City, town, or county) (State or foreign country)

14. Maiden name Mary K. Hays

15. Birthplace Fanniss Ky (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. Fanniss Weldon

(b) Address Gilman City, Mo

17. (a) Burial (b) Date thereof Jan 23 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge cemetery

18. (a) Signature of funeral director W. D. Haines

(b) Address Gilman City, Mo

19. (a) Feb. 3-1942 (b) Zola M. Burris (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. Z. Warren (M. D. or other)

Address Gilman City, Mo Date signed 2-2-42

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.....

W.D. Haines

Registered Apprentice No.....

working under my personal supervision.

Signed..... *W.D. Haines*

Licensed Embalmer No. *942*

P. O. Address *Litton, Ct 060*

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, above space should be left blank.