No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11240

Registration District No. 49A Primary Registration District No. 5683 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Lincoln Co Mo
(b) City or town Whiteside Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community for 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Whiteside Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Addison L. Welborn
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte Townsend
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 4 - 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace Bonne Terre (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Superintendant of
11. Industry or business Clay works.
FATHER 12. Name Thomas Welborne
13. Birthplace Missouri. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Victoria Claiborne
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Virginia Barnes
(b) Address Silex Mo.
17. (a) Burial Wesleyan Cem. (b) Date thereof 3-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wesleyan Cem
18. (a) Signature of funeral director W. R. Drummond
(b) Address Silex Mo.
19. (a) 3-3-1941 (b) O. H. Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2 year 1941 hour 4 minute 30 A. M.

21. I hereby certify, that I attended the deceased from February 1, 1941, to March 2, 1941; that I last saw him alive on February 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Chronic Myocarditis — Duration 2 yrs.
Due to Artero-Sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

430

23. Signature O. H. Dawson (M. D. or other)
Address Silex Mo. Date signed 3-3-41

(Licensed Embalmer's Statement on Reverse Side)

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_____, Registered Apprentice No._____, working under my personal supervision.

Signed_____

Licensed Embalmer No._____

P. O. Address_____

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.