

1939 MAR 9

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6883
Do not use this space.

1. PLACE OF DEATH

(a) County Wasper 2 Registration District No. 417
(b) Township Webb City 1 Primary Registration District No. 3021 Registered No. 14
(c) City Webb City (d) Street No. XXX 624 N. PENN. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 624 N. Penn St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dean Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cigar maker
9. Industry or business in which work was done, as saw mill, bank, etc. maker
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Edward J. Wells

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Dean Wells
Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE Feb 18, 1939

19. FUNERAL DIRECTOR (NAME) & (ADDRESS) Webb City Undertaking Co.
Webb City, Mo.

20. FILED 2-18-39 19 1939
Phitchett M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to February 17, 1939
Last saw him alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 5:50 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate
Date of onset 51

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) P. B. Morrison M.D.
(Address) Webb City, Mo.
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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-480

Date Siled MAR 4 1939

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Wett City, 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, above space should be left blank.