FILED AUG 14 1939

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

26488
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis
(b) Township
(c) City Sedalia
Registration District No. 668
Primary Registration District No. 66890 32
Registered No. 228
(d) Street No. Bothwell Hospital 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 4 yrs. 20 mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise O'Dell Wells.
(a) Residence, No. Warsaw, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: William S. Wells.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 20 1917
7. AGE: Years 22 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Town Missouri
FATHER
13. NAME: Earl J. O'Dell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
MOTHER
15. MAIDEN NAME: Stella Piles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
17. INFORMANT (ADDRESS): William S. Wells Warsaw, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Platte City Mo. DATE 7/19 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mc Laughlin Bros Sedalia Mo
20. FILED July 18 1939 Mrs Harry Snee Local Registrar. 806

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17 1939
22. I HEREBY CERTIFY, That I attended deceased from July 13 1939, to July 17 1939
I last saw h[illegible] alive on July 15 1939. Death is said to have occurred on the date stated above, at 7.35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
diabetic coma	

54

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) M P Ehrlich, M. D.
(Address) Sedalia Mo

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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SUM-1-12-38 I X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-28-35

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, ...
Robert H Reed, or by .....,

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

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.