

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FEB 17 1940

Registration District No. 116

Primary Registration District No. 5166

1886
62

1. PLACE OF DEATH:

- (a) County CALLAWAY
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
years, months or days

3. (a) PRINT
FULL NAMEWilliam Reece Wells

8. (b) If veteran,

name was

Civil

8. (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

Betty Harris

6. (c) Age of husband or wife if

alive 84 years

7. Birth date of deceased

December 22-1841
(Month) (Day) (Year)

8. AGE:

Years

98

Months

-

Days

27

If less than one day

hr. min.

9. Birthplace

CALLAWAY
(City, town, or county)Missouri
(State or foreign country)

10. Usual occupation

Farmer (retired)

11. Industry or business

12. Name John Wells13. Birthplace Kentucky
(City, town, or county)14. Maiden name Polly Ann Hughes
(State or foreign country)15. Birthplace Virginia
(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature John Wells(b) Address Bachelor Mo17. (a) Burial (b) Date thereof Jan 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Liberty Cemetery18. (a) Signature of funeral director Hughes Marpin(b) Address Am Vashel Mo. 10219. (a) Jan 19-40 (b) E. Armstrong
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County CALLAWAY
(c) City or town Bachelor Rural
(If outside city or town limits, write "RURAL")
(d) Street No 2 mi. N.W. Shamrock
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN 18 day 1940
year 1940 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from

Jan 18, 1940, to X, 19____;
that I last saw him alive on Jan 13th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

arterio Sclerosis

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature E. H. Smith M.D. (M. D. or other) M.D.Address Middleton, Mo Date signed Jan 19th

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.....

Hughes Marple

Licensed Embalmer No.....

2358

P. O. Address.....

Aux Vasse, 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.