

Registration District No. 626-

Primary Registration District No. 3031

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Nodaway 2
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
530 W Fourth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 8 years
years, months or days

3. (a) PRINT FULL NAME Roy Francis Wells

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Lottie Alta Wells 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 12 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Nodaway County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Silas Edward Wells 1

18. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Alice Bebb

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

16. (a) Informant's own signature Clum M Price

(b) Address Maryville Mo

17. (a) Burial (b) Date thereof Jan 17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Tree Cem.

18. (a) Signature of funeral director Clum M Price

(b) Address Maryville Mo

19. (a) Jan 15-1940 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 530 W. 4th.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1940 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan. 12-1940
to Jan 15-1940

that I last saw him alive on January 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of left middle cerebral artery causing a
fatal Hemiplegia of Right Side
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

Major findings: Of operations None

Of autopsy None

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, or farm, in industrial place, in public place?

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

23. Signature Chas. J. Bess (M. D. or other) _____

Address Maryville Mo Date signed 1/15-1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1951

RECEIVED

District Health Officer No. 11,

District File No. ~~144848~~ ¹⁵²

Date Filed

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 me

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

Signed Clay M Price

Licensed Embalmer No. 1822

P. O. Address Mayville 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.