

FILED MAR 14 1940 STANDARD CERTIFICATE OF DEATH

State File No. 7718

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
501 W 7th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 55 yrs
years, months or days)

3. (a) PRINT FULL NAME MINNIE WELLS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Geo. H Wells 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 24 - 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 15 If less than one day
hr. _____ min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Pougher
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Do not know
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. K. Edwards

(b) Address Sedalia, Mo

17. (a) Burial (b) Date thereof Feb 12 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo 901

19. (a) 2-23-40 (b) Mrs Harry Sipe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limit, write "RURAL")
(d) Street No. 501 W 7th St
(If rural, give location)
(e) If foreign born, how long in U. S. A? 70 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th
year 1940 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 1
1925, to February 9, 1940
that I last saw h. or alive on February 9th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Old Hypertension (Glomerular) 1925

Due to: 121

Due to: Arterio-Hypertension ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: None

Of operations: None

Of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place)
(e) Means of injury

23. Signature Dr. B. Carlisle M.D. (M. D. or other) 1

Address Sedalia Mo Date signed 2-10-40

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-13-40

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.....

Robert H. Reed

Licensed Embalmer No. *3745*

P. O. Address *Sealdalia 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.