

No. 2
11-10-39
5-17-39
21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17940

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 590

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
314 South 15th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 314 South 15th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1940 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 22, 1940, to May 27, 1940, that I last saw him alive on May 27, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Chy.
Duration -

Due to _____
Due to _____

Other conditions Adenom. Prostate.
(Include pregnancy within 3 months of death)
Spine demerol -

Major findings:
Of operations _____
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, on farm, in industrial place, in public place? _____

Home _____ (Specify type of place)
While at work? _____ (Specify type of injury)
23. Signature Frank W. Rogers, D. O.
Address Res. Palmer 357 Date signed 5/27/40

3. (a) PRINT FULL NAME H20 Jefferson D. Wells

8. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Louisa 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased. April 29th, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Enoch Wells

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Susan Smith

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

16. (a) Informant Emmett Wells

(b) Address 314 South 15th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28th 40 (Month) (Day) (Year)

(c) Place: burial or cremation Siam Iowa

18. (a) Signature of funeral director Tracy Barry Funeral

(b) Address 218 South 10th St

19. (a) 5/28/40 (Date received local registrar) (b) [Signature] (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OFFICE 1801

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.....

Victor J. Brown

Registered Apprentice No. *257*

working under my personal supervision.

Signed *John E. Myers*
Licensed Embalmer No: *17220*
P. O. Address *St. Joseph, 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.