

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26055

State File No. _____

Registrar's No. _____

Registration District No. 727Primary Registration District No. 4433

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Perry, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perry, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs.
years, months or days

8. (a) PRINT FULL NAME Dora Wells. 4208. (b) If veteran, name war _____ 8. (c) Social Security No. None.4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Joseph H. Wells. 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased October, 20, 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 8 21 hr. _____ min.9. Birthplace Knox Co., Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Housework.11. Industry or business Home.12. Name Ezra Harper.13. Birthplace Unknown, Ohio.
(City, town, or county) (State or foreign country)14. Maiden name Unknown.
(City, town, or county) (State or foreign country)15. Birthplace Unknown.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Clara Davis(b) Address Kirkville, Mo.17. (a) Burial (b) Date thereof July 13, 1940
(Burial, cremation, or other) (Month) (Day) (Year)(c) Place: burial or cremation Lick Creek.18. (a) Signature of funeral director Clyde C. Wilkey(b) Address Perry, Missouri.19. (a) 7/11/40 (b) Clyde C. Wilkey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 11,
year 1940 hour 3:20 minute _____ A. M.21. I hereby certify that I attended the deceased from May 1939
to July 10, 1940,
that I last saw her alive on July 10, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial degeneration Duration _____Due to Chronic MyocarditisDue to _____
Other conditions Arteriosclerosis 92
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature E. T. Swan (M. D. or other) D.O.Address Perry, Mo. Date signed 7/11/40

RECEIVED

District Health Officer No. 10

District File Number 8-40-1606

Date Filed AUG 10 1940

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

Clyde C. Wilbey, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clyde C. Wilbey
Licensed Embalmer No. 3820

P. O. Address

Perry 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.