FILED AUG 16 1940

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. L. D. Enloe

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28324

Registration District No. 213 — Primary Registration District No. 3014 — Registrar's No. 218

FILED SEP 19 1940

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1304 East ~~High~~ McCarty Street 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 84 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cole

(c) City or town: Jefferson City Mo (If outside city or town limits, write "RURAL")

(d) Street No.: 1304 East McCarty (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Catherine Elizabeth Wells

3. (b) If veteran, name war: ____

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: ____

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: Feb-22- (Month) 1856 (Day) (Year)

8. AGE: Years 84 Months 6 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace: Jefferson City, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: ---------

11. Industry or business: ____

MOTHER FATHER

12. Name: Charles Wells

13. Birthplace: Va (City, town, or county) ____ (State or foreign country)

14. Maiden name: Virginia Darnes

15. Birthplace: Va (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Lavenia Wells

(b) Address: Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug-26-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Ross E. Gordon

(b) Address: Jefferson City, Missouri

19. (a) 8/22/40 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24 year 40 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 10/19/38, 19__, to ____, 19__; that I last saw her alive on 8/21/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage.	2 2 mo
Due to arteria sclerosis	?
Due to	
Other conditions 2nd Cerebral Hemorrhage. (Include pregnancy within 3 months of death)	3 days

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: [illegible] (M. D. or other)

Address: Jefferson City Mo Date signed 8/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Thorpe J. Gordon

Licensed Embalmer No. 1286

P. O. Address Jefferson City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.