

ED MAR 25 1941 77
Registration District No. 10

Primary Registration District No. 4403

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: M. C. Farland Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ruth Ann Wells

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race W. 6. (a) Single, widowed, married, divorced S.O.

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

7. Birth date of deceased: Jan 7 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 11 If less than one day hr. _____ min. _____

9. Birthplace: Kent Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Carl Wells

13. Birthplace Kent Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Frankie Serocki

15. Birthplace Buchanan Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Wells

(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 2-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boose, Mo.

18. (a) Signature of funeral director Carl H. Spencer

(b) Address Salem, Mo.

19. (a) Feb. 19, 1941 (b) Joe F. Oyles
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deer 33

(c) City or town Salem 1
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 1

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 18 day _____
year 1941 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 17 1941, to Feb. 18 1941, that I last saw her alive on Feb. 18 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Acute bacillary Dysentery 2 da

Due to Food intoxication

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 6/10

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

23. Signature Paul H. ... (M. D. or other) _____

Address ... Date signed 2/20/41

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

RECEIVED

District Health Officer No. 5,

District File Number 341381

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

....., Registered Apprentice No.

working under my personal supervision.

Signed Wm W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.