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FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14312

State File No.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 114

1. PLACE OF DEATH: Cote

(a) County Jefferson city
(b) City or town Jefferson city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community 1 Year
years, months or days)

3. (a) PRINT FULL NAME Albert H. Wells

3. (b) If veteran, name war No
3. (c) Social Security No. 354-03-2734

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

6. (b) Name of husband or wife Lou Wells
6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Oct. 7 - 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 30
If less than one day hr. min.

9. Birthplace Cooper Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Tractor Operator

11. Industry or business

12. Name Albert Wells

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

14. Maiden name Francis E. Weston

15. Birthplace Cooper Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Keel

(b) Address Arrow Rock, MO

17. (a) Removal (b) Date thereof 4-7-41
(Burial, cremation, or removal) (Month) (Day)

(c) Place: burial or cremation Pilot Grove MO

18. (e) Signature of General Director L. J. McIntire

(b) Address Boonville MO

19. (a) 4-7-41 (b) D. W. J. M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town St. Peter MO
(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. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
3rd year 1941 hour 3:58 minute 9 M.

21. I hereby certify that I attended the deceased from March 31
1941, to April 6, 1941;
that I last saw him alive on April 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death March 31 - April 6

Due to peritonitis & broncho-pneumonia

Due to

Other conditions (include pregnancy within 3 months of death) 107

Major findings: Of operations

Of autopsy

Duration

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?

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

23. Signature Mr. C. E. J. M. D. (M. D. or other)

Address Jefferson City MO Date signed 4/6/41

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

MOTHER FATHER

JAN 22 1953

FEB 19 1953

DEC 2 1952

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 Quane Ewing.....

Licensed Embalmer No. 3847.....

P. O. Address Sedalia 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, fact should be so stated above.