

FILED JUN 13 1941

17495

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 150

Primary Registration District No. 4084

Registrar's No. _____

1900

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Creighton
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years (years, months or days)

3. (a) PRINT FULL NAME Randolph H Wells
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 2 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER
12. Name Daniel Wells
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Hazelwood
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mandy Coleman
(b) Address Creighton Mo.

17. (a) Burial (b) Date thereof 5/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kepler

18. (a) Signature of funeral director Robert Arnold
(b) Address Creighton Mo.

19. (a) 5/15/41 (b) Mrs. W. S. Clewing
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Creighton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1941 hour 6 minute — PM.
21. I hereby certify that I attended the deceased from September
1940 to May 13 1941
that I last saw him alive on May 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronch
of heart
Due to Arteriosclerosis

Due to hypertension

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

Major findings: heart disease
Of operations _____
Of autopsy _____

Duration

2 dn
3 wks

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 D. E. Buss (M.D. or other) DO
Address Creighton Mo. Date signed 5/15/41

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.