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FILLED JUL 18 1941

State File No. _____

Registration District No. 486

Primary Registration District No. 5649

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution: 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 In this community
years, months or days _____

2. USUAL RESIDENCE OF DECEASED: 57

(a) State Missouri (b) County Lincoln 0

(c) City or town Bristol (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME GEORGE SHERMAN WELLS

3. (b) If veteran name was None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1941 hour 11 PM minute _____ M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie Wells 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased (Month) Oct (Day) 3 (Year) 1870

21. I hereby certify that I attended the deceased from 8-7-1939, to 6-9-1941, that I last saw him alive on 6-9-41, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years <u>70</u>	Months <u>8</u>	Days <u>6</u>	If less than one day hr. _____ min. _____
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Duration _____

Due to Chronic Myocarditis

Due to _____

9. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions Diabetes Mellitus, Atherosclerosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name John Coleman Wells

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

14. Maiden name Harriet Davis

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Susie Wells

(b) Address Briscoe Mo

17. (a) Burial (b) Date thereof June 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gladney Cemetery

18. (a) Signature of funeral director Wayne M. Coy

(b) Address Tray Mo

19. (a) Ameller (b) Dr. W. Powell
(Date received local registrar) (Registrar's signature)

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? 437

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature H. S. Harris (M. D. or other) 0

Address Tray, Mo. Date signed 6-10-41

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, fact should be so stated above.