

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18703**
Registrar's No. **260**

FILED JUN 11 1942
668

Registration District No. _____

Primary Registration District No. **5889**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia (rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 6 5 miles southwest Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **lifetime**
years, months or days)

3. (a) PRINT

FULL NAME **James Edgar Wells**

3. (b) If veteran,

name war **none**

3. (c) Social Security

No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lula Morley Wells** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **January 29, 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 26 26 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **William Wells**
13. Birthplace **unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Stevens**
15. Birthplace **unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lula Wells (wife)**
(b) Address **Route 6, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **5/26/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hickory Point**

18. (a) Signature of funeral director **Edw. Ewing**
(b) Address **Sedalia, Mo.**

19. (a) **May 26/42** (b) **Mrs. Anna Berger**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia (rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **5 miles southwest Sedalia**
Route 6 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25**
year **1942** hour **2:00** minute **P.** M.

(i) I hereby certify that I attended the deceased from **June 27** 19**40** to **May 25** 19**42**
that I last saw him alive on **May 23** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma prostate gland 2.3 yrs.**
Duration

Due to **518**

Due to

Other conditions **Carcinoma**
(Include pregnancy within 3 months of death)
metastasis to spine & pelvic bones

Of autopsy _____
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 **W. B. Boyer** (M. D.)
Address **Sedalia, Mo.** Date signed **5/26/42**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-10-42

W. B. Bony

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

Deane Swing

Licensed Embalmer No.

3877

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.