RTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24593

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 287

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 5 Freeman O
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Theodore Marshall Wells

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Louise Bell Wells

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August (Month) 18th (Day) 1861 (Year)

8. AGE: Years 80 Months 11 Days 26 If less than one day hr. — min.

9. Birthplace Francisco (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Agent St. Louis & San Francisco Rail Road

11. Industry or business

FATHER
12. Name John E. Wells
13. Birthplace Fort Branch (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Lowe
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Beryl W. Henkel
(b) Address Granby Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Granby, Mo.

18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville Mo

19. (a) 7-15-42 (Date received local registrar) (b) Gertrude Sudhoeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 11 00 minute a. M.

21. I hereby certify that I attended the deceased from June 8, 1942 to July 14, 1942 that I last saw him alive on July 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Amputation left leg

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Buergers disease

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Mitchell Gregg (M. D. or other) M.D.

Address 607 Fresco Bldg Date signed 7/14/42

1204 (Licensed Embalmer's Statement on Reverse Side)

FOR UNFADING BLACK INK—MAKE A PERMANENT RECORD

42.2631

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 G. Gordon Bennett

Licensed Embalmer No. 4218

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24893

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 287

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Theodore Marshall Wells
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug (Month) 18 (Day) 1862 (Year)
8. AGE: Years 80 Months 11 Days 26 If less than one day ..... hr. ..... min.
9. Birthplace: (City, town, or county) Ind. (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
13. Birthplace (City, town, or county) ..... (State or foreign country) .....
14. Maiden name .....
15. Birthplace (City, town, or county) ..... (State or foreign country) .....
16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 4 year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	
Lobar	
Due to: amputation - left leg	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 108	
Major findings: Of operations: Gangrene - Senile + Diabetic	
Of autopsy:	

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) NS
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature [illegible] (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

TABLE