

Registration District No. 811

Primary Registration District No. 6059

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Rutledge, Rural
(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 22 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland

(c) City or town Rutledge (rural)
(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 Thomas 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 MARRIED

6. (b) Name of husband or wife Bertha Phillips 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec - 31 - 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 6 0 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Wells

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

14. Maiden name Betty Grey

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

16. (a) Informant Mrs. Clarence Elder

(b) Address Baring, Mo.

17. (a) burial (b) Date thereof July-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greensburg, Mo.

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina, Missouri

19. (a) July 3-1942 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1942. hour 6 minute 20 PM.

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

Immediate cause of death Apoplexy

Due to Hypertensive Infection

Due to _____

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

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 H. G. Schmitz (M. D. or other) MD
Address Baring, Mo. Date signed 7/2/42

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

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1093

Health Officer

RECEIVED

District Health Officer No. 10

District File Number *8-42-1537*

Date Filed *AUG 11 1942*

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..... *Keith Hudson*

Licensed Embalmer No. *2415*

P. O. Address *Edina, Missouri*

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.