

FILED OCT 8 1942

Registration District No. **28**

Primary Registration District No. **3006-5120**

Registrar's No. **198**

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2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH **Boonee**

(a) County **Boonee**

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

(c) Name of hospital or institution: **White Home in Convalescent**
(If not in hospital or institution, write street number or locality)

(d) Length of stay: In hospital or institution **2 months**
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME **Jeff Davis Wells,**

8. (b) If veteran, name war _____ **8. (c) Social Security** No. _____

4. Sex **Male** **5. Color, or race** **White** **6. (a) Single, widowed, married,** **2 divorced,**

6. (b) Name of husband or wife **Sarah Elizabeth Wells,** **6. (c) Age of husband or wife if** **alive** _____ **years**

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

8. AGE:	Years	Months	Days	If less than one day
81		1	7	hr. _____ min. _____

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

10. Usual occupation **At home,**

11. Industry or business _____

12. Name **Coleman Wells,**

13. Birthplace **Virginia,** _____
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown,**

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

16. (a) Informant **Mrs Charles Ballaw,**

(b) Address **Fayette, Mo.**

17. (a) **Burial** **(b) Date thereof** **9.15th 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetary,**

18. (a) Signature of funeral director **Guy T. Halley,**

(b) Address **Fayette, Mo.**

19. (a) **9-14-1942** **(b) Edna H. Barber**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Boone,**

(c) City or town **Columbia,**
(If outside city or town limits, write "RURAL")

(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 **Sept** day **13**
year **1942** hour _____ minute _____

21. I hereby certify that I attended the deceased from **Sept 12th**
1942 **Sept 13** 19 **42**
that I last saw him alive on **Sept 11** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Duration**
Gangrene of foot right
General arteriosclerosis

Due to _____

Due to _____

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

Major findings: **9812**

Of operations _____

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)**
(b) Means of injury _____

23. Signature **Matthew Deuker** **(M. D. or other)**
Columbia **Date signed** _____

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 Guy T. Hallen
Licensed Embalmer No. 2966
P. O. Address 1414th St

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.