

NO. 2
1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31051

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Green Ridge (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lifetime (Specify whether)
In this community lifetime (years, months or days)

3. (a) PRINT FULL NAME Arley Wells

3. (b) If veteran, name war none 3. (c) Social Security No. non

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gladys M. Wells 6. (c) Age of husband or wife if alive ** years

7. Birth date of deceased Sept. 20, 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name William Wells

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

14. Maiden name Mary Frances Stevens

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

16. (a) Informant Mrs. Harold Phifer

(b) Address Green Ridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/42
(Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Mo.

19. (a) Sept 3, 1942 (Date received local registrar) (b) Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Green Ridge, (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 1 day 1
year 1942 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from Aug 21, 1942, to Sept 1, 1942
that I last saw him alive on Sept 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Duration

Due to

Due to

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

Major findings: Of operations 948

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)

(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. A. Hite (M. D. or other) M.D.

Address Green Ridge Mo. Date signed 9/3/42

SEP 21 1942

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 9-29-42

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

working under my personal supervision.

Signed

Duane Ewing

Licensed Embalmer No.

38747

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.