V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36519

FILED DEC 11 1942

Registration District No. ____ Primary Registration District No. 3400 Registrar's No. 299

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 mon 27 days (Specify whether years, months or days)
In this community: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ~~Yes~~ (~~Use or~~ No)
If yes, name country: 0

3. (a) PRINT FULL NAME: NATHANIEL B. WELLMAN
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: Widowed
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: May (Month) 30 (Day) 1866 (Year)

8. AGE: Years 76 Months 5 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: Schyler County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Undertaker
11. Industry or business: —
FATHER
12. Name: John Wellman
13. Birthplace: Virginia (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name: Sarah Farr
15. Birthplace: Virginia (City, town, or county) / (State or foreign country)
16. (a) Informant: Mrs A. W. Truitt
(b) Address: 1005 E Normal
17. (a) Moringer Mo (Burial, cremation, or removal) (b) Date thereof: Nov 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Moringer Cemetery
(d) Signature of funeral director: Davis Funeral Home
(e) Address: Kirksville Mo
(a) 11/19/42 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1942 hour 6 minute 35 P.M.
21. I hereby certify that I attended the deceased from ~~1942~~ July 1 1942 to Nov 12 1942 that I last saw him alive on Nov 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure	Duration
Due to: Cardiac Decompensation	
Due to: Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 1 2 1 P	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Esther P. Barney (~~M.D. or other~~) D.O.
Address: Kirksville, Mo. Date signed 11/12/42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 12-42-4058
Date Filed Dec-10-1942

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 Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville Mo

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

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