

FILED JAN - 9 1942

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 373

14
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON
(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 _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME HARRIS WELLS

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife WILDAH WELLS

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. 23 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 9

If less than one day _____ hr. _____ min.

9. Birthplace CALLAWAY CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name Reece Wells

13. Birthplace CALLAWAY CO. MO.
(City, town, or county) (State or foreign country)

14. Maiden name BETTY HARRIS

15. Birthplace MONTGOMERY CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS HARRIS WELLS

(b) Address 803 GRAND FULTON, MO

17. (a) BURIAL (b) Date thereof 12/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation AUXVASSE CEMETERY

18. (a) Signature of funeral director J. G. Mangin

(b) Address 700 East St. Fulton, Mo.

19. (a) 12-3-1942 (b) Josia M. Mautsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY

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

(d) Street No. 803 GRAND
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2^d
year 1942 hour 5 minute 30.0 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him alive on December - 2^d 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Sudden heart attack - while working with two other men, unloading a car of mill feed at the C. & A. R.R. Station - Fulton Mo. Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy no

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) no

(b) Date of occurrence Dec 2, 1942

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? death at Fulton Mo.
While at work? yes (Specify type of place) (e) Means of injury no

23. Signature J. W. Holman - coroner
(M.D. or other) _____
Address 8-E-8th ST. FULTON, MO Date signed 12-3-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Glen J. Manser

Licensed Embalmer No. *2725*

P. O. Address.....

Fulton, Md.

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.