

FILED FEB 13 1943

Registration District No. 26

Primary Registration District No. 2001

Registrar's No. 637

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 weeks
(Specify whether years, months or days) year

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Baxter Springs
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Catherine Victoria Wells

3. (b) If veteran, name war * * * 3. (c) Social Security No. * * *

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Chas. Franklin Wells 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 20, 1859 (Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

12. Name Soloman Shoup

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

14. Maiden name Mary Ann Smith

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

16. (a) Informant Chas. F. Wells

(b) Address 212 Corns, Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/31/43 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 1-20-43 (b) Detmund Sudholter (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1943 hour 6 minutes 50 a.m.

21. I hereby certify that I attended the deceased from 1/28/43 to 1/28/43 that I last saw her live on 1/28/43 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis. Due to Myocarditis. Due to Myocarditis.

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

Major findings: Of operations none

Of autopsy

22. If death was due to external causes, fill in the following: no

(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 work) (M. D. or dentist) 23. Signature of physician (M. D. or dentist) Date signed 4/30/43

Duration 4 mo 5 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Carney

49 20

204

43-1-81

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

Henry K. Furlbert

Licensed Embalmer No.

919

P. O. Address

Japan 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.