

V. S. No. 2
50M-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14944

State File No. _____

DECEASED MAY 13 1943

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 14

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

71
1
0

1. PLACE OF DEATH:

(a) County MORGAN

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 39 YRS.

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN

(c) City or town VERSAILLES
(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 _____

3. (a) PRINT FULL NAME WILLIAM WELL

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 3 divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 25, 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Maries Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation MEDICAL DOCTOR

11. Industry or business MEDICINE

12. Name HENRY WELL

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

14. Maiden name MARGARET KIRCHER

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

16. (a) Informant Bertha Johns

(b) Address Versailles, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/7/43
(Month) (Day) (Year)

(c) Place: burial or cremation VERSAILLES CEMT.

18. (a) Signature of funeral director W. F. ...

(b) Address ...

19. (a) 5-6-1943 (Date received local registrar) (b) Roy ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6, year 1943, hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1938, to May 6 1943 that I last saw him alive on May 1st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease Duration 5 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations _____ Of autopsy _____

Duration

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) Means of injury _____

23. Signature W. G. ... (M.D. or other) MD
Address Versailles Mo. Date signed 5/6/43

112
13/43

1029

MAY 13 1943

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 *E. F. Radwell*

Licensed Embalmer No. *1596*

P. O. Address *Resville 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.