

34952

S. No. 2
DM-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

REGISTRATION DISTRICT No. 147

Primary Registration District No. 5569

Registrar's No. 139

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural -87th & Raytown Road
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. R. # 2, Hickman Mills / Brookings, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. --- (Specify whether
In this community 55 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Lula Virginia Wells

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Robert Wells

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

7. Birth date of deceased October 10 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 10 20 --- hr. --- min.

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

10. Usual occupation At Home

11. Industry or business ---

12. Name Thomas Duncan

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

14. Maiden name Martha Farmer

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

16. (a) Informant Evelyn Bauer

(b) Address R.R. # 20 Hickman Mills, Missouri

17. (a) Burial (b) Date thereof Sept. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palatine Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address Kansas City, Missouri

19. (a) Sept 4 '43 (b) Miss C. E. Lawton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural -87th & Raytown Road
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 2, Hickman Mills
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
year 1943 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 1
1943 to Aug 30, 1943
that I last saw him alive on Aug 30 at 10 PM, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to (Hypertension) Reno,
Chronic Disease, 10 yrs
Due to with frequent cerebral
hemorrhages

Other conditions (include pregnancy, within 3 months of death)

Major findings: Of operations 100

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 --- (Specify type of place) Means of injury ---

23. Signature R. H. Laffoon (M. D. or other) ---

Address Raytown, Mo Date signed 8-31-43

On Feb 15
4:16
7:15
R. C. Mc
Angels Body

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 *R. C. Mc*
Licensed Embalmer No. 3053
P. O. Address *R. C. Mc*

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.