

S. No. 2
OM-2-43
v. 5-17-39
I X35697

38937

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 2 1944
324

Registration District No. _____

Primary Registration District No. 2072

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
Pautz Invalid Home # I 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months
(Specify whether years, months or days)

In this community 2 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Blackwater, Route # I 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINTICE FULL NAME lice Rector Wells

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife James Madison Wells 6. (c) Age of husband or wife if alive, years 28 1854

7. Birth date of deceased March 28 1854
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1944 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Nov. 15
1944 to Nov. 19 1944
that I last saw him Er. alive on Nov. 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 3da
Duration

Due to age

Due to _____

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

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

90	7	II	hr. _____ min.
----	---	----	----------------

9. Birthplace Attumwa Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name _____ Rector

{ 13. Birthplace _____ Dont Know 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____ Dont Know

{ 15. Birthplace _____ Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant B. H. Miller

(b) Address Blackwater, Mo.

17. (a) Burial (b) Date thereof Nov. 22 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamine cemetery

18. (a) Signature of funeral director Complais Rector

(b) Address Marshall, Mo.

19. (a) 11-28-44 (b) Mo T. O. Weather
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

3. Signature A. C. Pautz (M. D. or other) _____
Address Marshall Mo Date signed 11-19-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

copies 275

1-30-4

1295

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed

11-29-44

DEC 11 1944 DEC 4 1944

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

B. W. Campbell Jr.

Licensed Embalmer No.

3469

P. O. Address

Marshall 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.