

1. PLACE OF DEATH:  
 (a) County **Andrew**  
 (b) City or town **Wells, Mo.**  
 (c) Name of hospital or institution: **Andrew Hospital**  
 (d) Length of stay: In hospital or institution **2 days**  
 In this community **2 days**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Montgomery**  
 (c) City or town **Wells, Mo.**  
 (d) Street No.  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME **FLIP HAREL-BISHOP**  
 3. (b) If veteran, name war **V**  
 3. (c) Social Security No. **L**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **16** day **Dec**  
 year **1944** hour **11** minute **30 P.M.**  
 21. I hereby certify that I attended the deceased from **Dec 16, 1944**  
 that I last saw him alive on **Dec 16, 1944**  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **N**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (c) Age of husband or wife **78 1/2** years  
 7. Birth date of deceased **June - 2 - 1871**

Immediate cause of death **Fracture of hip**  
 Due to **fall**  
 Duration **3 days**

8. AGE: Years **73** Months **6** Days **4**  
 9. Birthplace **Warren Co, Mo**  
 10. Usual occupation **at home**

Other conditions **Senile Dementia 10 yrs**  
 Major findings: **1862**  
 Of autopsy **18**

11. Industry or business **None**  
 12. Name **T. Hancock**  
 13. Birthplace **Warren Co, Mo**  
 14. Maiden name **Mary Ann Hill**  
 15. Birthplace **Warren Co, Mo**  
 16. (a) Informant **O. P. Bishop**  
 (b) Address **Wells, Mo.**  
 17. (a) Burial, cremation, or removal **Burial** (b) Date thereof **10/12/44**  
 (c) Place: burial or cremation **Old Bethel Burying**  
 18. (a) Signature of funeral director **T. B. Wells**  
 (b) Address **Wells, Mo.**  
 19. (a) **10/12/44** (b) **Margaret H. Muehle**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **accident**  
 (b) Date of occurrence **12/12/44, fell in home**  
 (c) Where did injury occur **Wells, Mo**  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In home**  
 While at work? **fall**  
 23. Signature **J. W. ...**  
 Address **Wells, Mo**  
 Date signed **12/17/44**

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

RECEIVED

District Health Officer No. 10

District File Number 1-45-166

Date Filed JAN 12 1945

**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, Self

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

Signed T.B. Kello

Licensed Embalmer No. 1588

P. O. Address Kellsville, 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.