

FILED MAY 8 1945

State File No. \_\_\_\_\_

Registration District No. 180

Primary Registration District No. 180 5673

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Lincoln, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community In This Community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days 6 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Rural 5-7  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MATTIE LOUIS WELLS

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

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

7. Birth date of deceased April 3 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 11 14 hr. min.

9. Birthplace Iron Mountain, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Miller

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

14. Maiden name Elyzabeth Shultz

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

16. (a) Informant Mitchell Wells

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof Mar 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director W. P. McEly

(b) Address Troy Mo.

19. (a) 3-18-45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1945 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from March 15  
1945 to March 17 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 932

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? [Signature] (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Troy Mo. Date 3/18/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-7-45

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 Wayne McCool  
Licensed Embalmer No. 3586  
P. O. Address Joy 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.