

FILED MAR 12 1946
Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 52

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 5 mos. 2 das.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin **94**
(c) City or town Kennett RURAL **0**
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1 **0**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME

LEE J. WELLS

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ruth Jones

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

7. Birth date of deceased December 18, 1898
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. Wells

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

14. Maiden name Priney P. Dunivan

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-46
(Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem., Senath, Mo.
McDaniel Funeral Home

18. (a) Signature of funeral director Senath, Missouri

(b) Address _____

19. (a) Feb. 6, 1946 (Date received local registrar) (b) Ether Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1944, 1944 to Feb. 3, 1946, 1946;
that I last saw him alive on Feb. 3, 1946, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the Insane
Due to _____

Duration 6 mos.

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

Major findings: Of operations 306
Of autopsy No 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 work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ether Rudloff (M. D. or other) **0**
Address Farmington Date signed 2/7/46

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

RECEIVED

Health Officer No. 4
File Number 246-1848
Date Filed 3-11-46

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 *A. Cozart*
Licensed Embalmer No. 4084
P. O. Address *Farmington, 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.