S. No. 2
M—8-43
. 5-17-39
I X37823

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8421

Registration District No. 18 Primary Registration District No. 5037 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: R.F.D.#1.Mexico (If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Rual (If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. #1, Mexico (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Danny Ray Wells None

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased November 18, 1945 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	2	20	..... hr. ..... min.

9. Birthplace Mexico, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name Francis E. Wells 0
13. Birthplace Hannibal, Mo. (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Clara Osborne 0
15. Birthplace Hannibal, Mo. (City, town, or county) ..... (State or foreign country)

16. (a) Informant Francis E. Wells

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Prechd

(b) Address Mexico, Mo.

19. (a) Feb 8-1946 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 7th year 1946 hour 6 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Coroners Case, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Was found dead in his crib at 6 A.M. 2-7-46 Causes unknown. Was supposed

Due to to be in good health when put to bed at 9:30 or 10

Due to Oclock 2-6-46. No marks of violence

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

Major findings:
Of operations —
Of autopsy none

2.00

Duration

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? — (Specify type of place)

While at work? No (e) Means of injury Coroner

23. Signature S. C. Adams 3 (M. D. or other)

Address Mexico, Mo. Date signed 2-7-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-46-468
Date Filed MAR 13 1946

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.