

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 99

Primary Registration District No. 4172

Registrar's No. 13

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Stewartville Washington
(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 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32
(c) City or town Stewartville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RANSOM, HENRY, WELLS.

3. (b) If veteran, name war One 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie Wells 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 4 1878
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days _____ If less than one day
hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name George Wells
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Coy
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R.H. Wells
(b) Address Stewartville Mo

17. (a) Burial (b) Date thereof Feb 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartville Cemetery

18. (a) Signature of funeral director J.P. Ryan

(b) Address Stewartville Mo

19. (a) 2-20-46 (b) Ransom Davidson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1946 hour 9 minute 35 M.

21. I hereby certify that I attended the deceased from July 13, 1946 to July 13, 1946
that I last saw him alive on July 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 940

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 M.D. Gale (M. D. or other) _____

Address O. S. Swan Mo Date signed 7/15/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7882

MAY 6 1948

MAR 22 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 F. G. Lyon
Licensed Embalmer No. 952
P. O. Address Stewartville 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.