

FILED AUG 23 1946

Registration District No. _____

Primary Registration District No. 6209

Registrar's No. 87

1. PLACE OF DEATH:

(a) County De Witt

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 12 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County De Witt

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

(d) Street No. 3 miles N.W. of Houston
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John SIEGEL WELLS

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour _____ minute 34 P.

4. Sex male

5. Color or race white

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

(b) Name of husband or wife Evelyn

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 24 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-10-46 19____ to 7-17 19____
that I last saw ~~him~~ her alive on 7-16 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 6 Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocardial degeneration

Due to _____

Due to _____

9. Birthplace Rolla Mo.
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy 938

10. Usual occupation Farmer

11. Industry or business _____

12. Name John C. Wells

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

14. Maiden name Elizabeth Bevell

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

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? _____

16. (a) Informant Mrs. Evelyn Wells

(b) Address Houston, Mo.

17. (a) Burial (b) Date thereof 7/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston

18. (c) Signature of funeral director Gaylord V. Elliott

(b) Address Houston, Mo.

19. (a) 7-30-1946 (b) Myrtle Craig
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature H. R. Rosy (M. D. or other) D.O.

Address Houston, Mo. Date signed 7-18-46

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

24881

RECEIVED.

District Health Officer No. 5

District File Number. 846462

Date Filed 8-9-46

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.