

St. No. 2  
M-8-43  
S-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26529**

**FILED** SEP 10 1946  
Registration District No. **55**

Primary Registration District No. **3011**

Registrar's No. **114**

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

**1. PLACE OF DEATH**

(a) County **Carroll**

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

(c) Name of hospital or institution **Atwood Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**  
(Specify whether years, months or days)

In this community **15 years**

**3. (a) PRINT FULL NAME** **THOMAS LESLIE WELLS**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Crystal Wells** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **Aug. 12 1902**  
(Month) (Day) (Year)

**8. AGE:** Years **44** Months **0** Days **10** hr. min.

9. Birthplace **Joseph Utah**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Service Station**

**MOTHER, FATHER**

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

12. Name **Wm Wells**

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

14. Mother name **Etta Wells**

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

16. (a) Informant **Mrs. Leslie Wells**

(b) Address **Carrollton Mo.**

17. (a) **Removal** (b) Date thereof **8-23-46**  
(Funeral, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Joseph Utah**

18. (a) Signature of funeral director **Stanley G. Brown**

(b) Address **Carrollton Mo.**

19. (a) **8/23/46** (b) **Mrs. Herbert Calvert**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Carroll**

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug** day **22** year **1946** hour **4** minute **00 A.** M.

21. I hereby certify that I attended the deceased from **8-15**, 19**46** to **8-22**, 19**46** that I last saw him alive on **8-22**, 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Bleeding peptic ulcer**

Duration \_\_\_\_\_

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

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

Other conditions **2**  
(include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations **170**

Of autopsy \_\_\_\_\_

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) (a) Means of injury

23. Signature **J. M. Alwood** (M. D. or other) **M.D.**  
Address **Carrollton, Mo.** Date signed **8/23/46**

RECEIVED

District Health Officer No. 8;

District File Number \_\_\_\_\_

Date Filed 9-7-76

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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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.