

No. 2  
 M-5-43  
 v. 5-17-39  
 P 1 X38671

30974

**FILED** SEP 27 1946  
 Registration District No. 209

Primary Registration District No. 3043

State File No. \_\_\_\_\_  
 Registrar's No. 304

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

29805

**1. PLACE OF DEATH:**  
 (a) County Marion  
 (b) City or town Nannibal  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Levensing Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Marion <sup>64</sup>  
 (c) City or town Nannibal <sup>3</sup>  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 712 Olive St. <sup>4</sup>  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Elizabeth Cook Wells  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Sept day 15  
 year 1946 hour 12 minute 20 A.M.  
 21. I hereby certify that I attended the deceased from 2 1930 19 Sept 15 46  
 that I last saw her alive on Sept 14 46  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Wm. J. Wells 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept 22 1883  
(Month) (Day) (Year)

Immediate cause of death General Debility  
Metastatic Adeno Carcinoma  
Primary in Thyroid  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 55

8. AGE: Years 62 Months 11 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Elshery Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name R. N. Cook  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lou Ann Calver  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. B. Nicholas  
 (b) Address 413 Oak St., Nannibal, Mo.  
 17. (a) Burial (b) Date thereof Sept 17, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elshery Cemetery  
 18. (a) Signature of funeral director Roy J. Schupps  
 (b) Address 1001 Broadway, Nannibal, Mo.  
 19. (a) 9-20-46 (b) W. E. M. Luke  
(Date received local registrar) (Registrar's signature)

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 J. E. Sulfman (M. D. or other) 9/14/46  
 Address Nannibal Mo Date signed \_\_\_\_\_

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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

*Paul Richard Benson*

Licensed Embalmer No.

*4324*

P. O. Address

*1000 Broadway  
Hannibal, 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.**