

FILED MAR 12 1947
Registration District No.

Primary Registration District No. 5-8-87

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Rural - Bayou Two
(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 76 yrs. (Specify whether
In this community 76 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Bakersfield Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1947 hour 2 minute P M.
21. I hereby certify that I attended the deceased from
12 - 4 to 1 - 23, 1947;
(that I last saw him alive on 1 23, 1947
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME William J. Wells

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Maranda 6. (c) Age of husband or wife if alive 1940 years

7. Birth date of deceased February 9 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 12 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Ben W. Wells 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Hughes 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Burtman
(b) Address Elizah Mo

17. (a) Burial (b) Date thereof 2/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hawkins Ridge Cem.

18. (a) Signature of funeral director [Signature]
(b) Address Gainesville, Mo.

19. (a) 2-6-1947 (b) Paul Davis
(Date received local registrar) (Registrar's signature)

Immediate cause of death Mitral regurgitation
Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations [Signature]
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Deborah Doan (M. D. or other)
Address Bakersfield, Mo. Date signed 2-25-47

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

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..... *W B Hutchison*.....
..... Licensed Embalmer No. *3431*.....
..... P. O. Address *Hainesville, 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.