

No. 2  
1-5-43  
5-17-39  
I X36672

**FILED**  
**JUN 15 1947**

Registration District No. **55**

Primary Registration District No. **304**

Registrar's No. **206**

**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: **2 weeks South Side Hosp.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 weeks**  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Caldwell** / **3**  
 (c) City or town **Braymer,** (If outside city or town limits, write "RURAL") **0**  
 (d) Street No. (If rural, give location) **0**  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country

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

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **June** day **22**  
 year **1947** hour **2** minute **00p** M.  
**21. I hereby certify that I attended the deceased from** **June 7<sup>th</sup>** 19**47**, to **June 22** 19**47**  
 that I last saw her alive on **June 22** 19**47**  
 and that death occurred on the date and hour stated above.

**4. Sex** **female** **5. Color of race** **white** **6. (a) Single, widowed, married, divorced** **widow**  
**6. (b) Name of husband or wife** **Fred Wells** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Nov. 30, 1867**  
 (Month) (Day) (Year)

Immediate cause of death **Cancer primary in Rt. humerus**  
 Duration **year**

**8. AGE:** Years **79** Months **6** Days **22** If less than one day  
 hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: **55E**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**9. Birthplace** **Carrollton Mo** (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Housewife**

**11. Industry or business** \_\_\_\_\_  
**12. Name** **Fresley W. Pitts**  
**13. Birthplace** **Nashville Tenn** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Martha A. Woodson**  
**15. Birthplace** **Macon County Mo** (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?  
 While at work? (Specify type of place) \_\_\_\_\_  
 Means of injury \_\_\_\_\_

**16. (a) Informant** **Ora Wells**  
**(b) Address** **Braymer, Mo**  
**17. (a) Burial** **6-24-47** (b) Date thereof (Month) (Day) (Year)  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Braymer Evergreen**

**23. Signature** **William C. [Signature]** (other)  
**Address** **Carrollton, Mo** **6-22-47** Date signed

**18. (a) Signature of funeral director** **Demand J. Mead**  
**(b) Address** **Braymer Mo**  
**19. (a) 6-6-23-47** (b) **Wm. Herbert Calvert** (Date received local registrar) (Registrar's signature)

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

7

RECEIVED

District Health Officer No. \_\_\_\_\_

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

Date Filed 8-14-47

NOV 26 1947

JUN 12 1948

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 \_\_\_\_\_

*Demand F. Mead*

Licensed Embalmer No. 2801

Braymer, Mo  
P. O. Address \_\_\_\_\_

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.