

FILED FEB 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 862

Registration District No. 122

Primary Registration District No. 5455

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green 39
(c) City or town Republic 0
(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 Arnon Henderson Wells

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan 16 1972
(Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days 4 If less than one day 6 hr. 40 min.

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

10. Usual occupation Farm

11. Industry or business _____

12. Name Benjamin Willis Wells

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

14. Maiden name Wade

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

16. (a) Informant Mrs W.C. Stricker

(b) Address Chanute 15 and

17. (a) Burial (b) Date thereof 1 21 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director R. E. Thurman

(b) Address Republic, Mo.

19. (a) Jan-22-48 (b) Therence Britton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1948 hour 5:50 PM minute _____ M.

21. I hereby certify that I attended the deceased from sometimes
1946 to Jan. 20, 1948
that I last saw him alive on Jan 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with pelvic metastasis
Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy 51 P

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 2

23. Signature R. B. Wilbur (Name of physician) (Date or other)

Address Republic Mo Date signed 1-22-48

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 48-2-9

Date Filed 2-4-48

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 E. M. Thurman

Licensed Embalmer No. 3687

P. O. Address Republic, 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.