

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16576

Registrar's No. 2184

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 MOS.  
In this community 25 YEARS  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME

Frank Wells

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased

JULY 29 1980  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>68</u>	<u>9</u>	<u>23 22</u> hr. min.

9. Birthplace

MONMOUTH ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation

RETIRED

11. Industry or business

GUSTAVUS WELLS

12. Name

PAINSVILLE OHIO  
(City, town, or county) (State or foreign country)

14. Maiden name

MARYETTA CLAYCOMB

15. Birthplace

UNKNOWN KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Alice John

(b) Address

5410 Woodland Avenue

17. (a)

BURIAL (b) Date thereof MAY 24 1948  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation

MT. WASHINGTON CEMETERY

18. (a) Signature of funeral director

W. H. Newcomer

(b) Address

1401 BRUSH CREEK BLVD.

19. (a)

5-24-48 (b) Stirling Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5400 Woodland AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1948 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 22 48 to May 21 48  
that I last saw him alive on May 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral hydronephrosis  
Massive hematoma right shoulder  
Due to traumatic auto accident  
8 yrs. ago.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1336

- Of autopsy See above

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 Wm W Hart (M. D. or other)  
Address Med. Dir. Gen'l Hosp. Date signed 5-22-48

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

MOTHER FATHER

FEB 3 1949

*Dr. Powell*

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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 *John C. Praking*  
Licensed Embalmer No. *4483*  
P. O. Address *Kansas City, 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.**