FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 299

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23869

Primary Registration District No. 4415

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Clarksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Mo (b) County Pike 82
(c) City or town Clarksville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Howard Curtis Wells
3. (b) If veteran, name war no
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife Meta Wells
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May (Month) 6 (Day) 1882 (Year)

8. AGE: Years 66 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Clarksville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Newspaper Man
11. Industry or business
FATHER
12. Name Eugene Wells
13. Birthplace Troy (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mollie Norris
15. Birthplace Weston (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Meta Wells
(b) Address Clarksville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksville Mo.
18. (a) Signature of funeral director Grace Bansheal
(b) Address Bowling Green Mo.
19. (a) 7-29-48 (Date received local registrar) (b) Buda Richard 256 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 1 minute 47 M.
21. I hereby certify that I attended the deceased from July 1st 1947 to July 27 1948 that I last saw him alive on July 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia Histo Chronic — Duration 2 yrs
Due to not known
Due to —
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature E M Barlett (M. D. or other)
Address Clarksville Mo Date signed 7/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Certificate

RECEIVED
District Health Officer No. 10
District File Number 8-48-13
Date Filed AUG 7 - 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 Harold C. Kirk, Registered Apprentice No. 4 working under my personal supervision.

Signed Grace M. Dunkhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.