

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri-Pacific Right of way
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether
In this community lifetime in Pettis County
years, months or days)

3. (a) PRINT FULL NAME Standard Derice Wells

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel G. Wells 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Nov. 26, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 10 6 hr. min.

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

10. Usual occupation laborer

11. Industry or business

12. Name Henry J. Wells
13. Birthplace unknown, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Annabell Shiplin
15. Birthplace unknown, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Wells (wife)
(b) Address 308 East Boonville, Sedalia,
17. (a) Burial (b) Date thereof 10/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Arane Ewing
(b) Address Sedalia, Missouri

19. (a) 10/14/48 (b) Betty Yeager
(Date registered local registrar) (Signature of registrar)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 308 East Boonville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1948 hour 10 minute P M.

21. I hereby certify that I attended the deceased from as coroner
10/2, 1948, to 10/2, 1948.

that I last saw h. alive on 10/2, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death multiple skull fractures
int. gas

Due to Bainy struck by a Train

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) accident 132
(b) Date of occurrence 10/2/48
(c) Where did injury occur? Mo. P. R. R. Pettis Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad Right of way
While at work? no (Specify type of place) (e) Means of injury Train

23. Signature W. H. J. Holden (M.D. or other) D.O.
Address 215 E. 11th Sedalia Mo. Date signed 10/9/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-13-48

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 _____

Richard D. Conn, Registered Apprentice No. 261,
working under my personal supervision.

Signed Shane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.