

FILED NOV 29 1948

State File No. _____

Registration District No. 364

Primary Registration District No. 5887

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Bayou
(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 18 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ozark
(c) City or town Bayou
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Sue Wells
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 5
year 7 hour 15 minute P. M.
21. I hereby certify that I attended the deceased from 8-2-47
7 to Nov. 5, 1948
that I last saw her alive on Nov. 5, 1948
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife J. D. Wells 6. (c) Age of husband or wife if alive 1865 years
7. Birth date of deceased May (Month) 1 (Day) 1865 (Year)

Immediate cause of death Acute dilatation of heart
Due to Chronic myocarditis
Due to Senile degeneration

8. AGE: Years 83 Months 6 Days 5
If less than one day _____ hr. _____ min.
9. Birthplace Iron Co. Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None
Of autopsy _____

10. Usual occupation housewife
11. Industry or business _____
12. Name John N. Hathcock
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Martha Hollis
15. Birthplace unknown
(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) (c) Means of injury 2

16. (a) Informant Mrs. A. Bond
(b) Address 829 G. Belmont Springfield, Mo.
17. (a) burial (b) Date thereof 11-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Murry Cemetery
18. (a) Signature of funeral director Wesley Collett
(b) Address Wrentham Ave
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature) 405

23. Signature A. B. B... (M. D. or other) MD
Address Bohlerfield Mo. Date signed 11-15-48

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

MOTHER FATHER

X

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.....

Licensed Embalmer No.....

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.