

FILED FEB 16 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4091

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township 0 Primary Registration District No. 3039 Registered No. 3
(c) City Nevada (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Susan E. Wells 420
(a) Residence, No. 402 N. Main St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30th, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	<u>95</u>	<u>6</u>	<u>6</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Athens
(STATE OR COUNTRY) Ohio

FATHER 13. NAME Gabriel Mose

14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary E. Earheart

16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT Mrs. Fannie Diskerson
(ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem. DATE 1/7/40 19.

19. FUNERAL DIRECTOR (NAME) Eichinger Funeral H.
(ADDRESS) Nevada, Mo.

20. FILED Jan 6 1940 Allen E. Hayes
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1940, to 1-5, 1940

I last saw her alive on 1-4, 1940 Death is said to have occurred on the date stated above, at 3:25 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease & acute decompensation (after began 1-4-40)

Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis
hypertension
sterility

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) B. Bratton Dzin, M. D.
(Address) Nevada, Mo.

RECEIVED
District Health Officer No. 7.
District File Number 2-40-273
Date Filed 2-14-40

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

Mark C. Cushing

Licensed Embalmer No. 2656

P. O. Address Nevada, N

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, above space should be left blank.