

JAN 8 1940 - 393
Registration District No. 393

Primary Registration District No. 55580

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural, Keolin
(c) Name of hospital or institution:
near Goodland
(d) Length of stay: In hospital or institution _____
In this community two years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(d) Street No. near Goodland
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1940 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to apoplexy

Due to _____

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J. Martin (M. D. or other) _____

Address Keolin, Mo Date signed 9-20-40

3. (a) PRINT FULL NAME John 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 widowed

6. (b) Name of husband or wife Elizabeth Wells 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 13 _____ hr. _____ min.

9. Birthplace Clay Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name David Wells

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Robert Wells

(b) Address Goodland Mo.

17. (a) burial (b) Date thereof Sept 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boss Mo.

18. (a) Signature of funeral director none 355

(b) Address _____

19. (a) Nov. (b) Mrs. Eva Volmer
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, above space should be left blank.