

MAR 19 1941

Registration District No. 396

Primary Registration District No. 4238

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

1. PLACE OF DEATH **JACKSON**

(a) County BUCKNER

(b) City or town _____
(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 _____ (Specify whether _____)

In this community 2/56 yrs
years, months or days

3. (a) PRINT FULL NAME Mr. Beverly I. Wells

8. (b) If veteran, name war Spanish-Am. 1898

3. (c) Social Security No. _____

4. Sex Male

5. Color or race wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Eugenia M. Wells

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 18 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 16
If less than one day hr. _____ min. _____

9. Birthplace Pink Hill-Jackson County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber and tinner

11. Industry or business do do

MOTHER FATHER { 12. Name Mr. John Wells
in England

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

14. Maiden name Mrs. Mary Wells

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

16. (a) Informant Mrs. Eugenia Wells

(b) Address Buckner Mo.

17. (a) burial (b) Date thereof Mch. 6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Hill Cem.

18. (a) Signature of funeral director Thomas W. Roberts
Buckner Missouri

(b) Address _____

19. (a) Mch. 5. 1941 (b) John W. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Buckner
(If outside city or town limit, write "RURAL")
on Hiway 24 in city limit

(d) Street No. _____ (If rural, give location) no

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1941 hour 9 minute 0 A. M.

21. I hereby certify that I attended the deceased from Feb 28,
_____ 1941, to Mar 4, 1941;

that I last saw him alive on Mar 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration _____

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) _____

(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? 351
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John W. Roberts (M. D. or other) D
Address Buckner Mo. Date signed 3-5-41

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.....

.....
working under my personal supervision.
.....

Registered Embalmer No.

Signed

Vernon M. Reppert
.....
23 21

Licensed Embalmer No.

P. O. Address Buckner 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, above space should be left blank.