DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. P.

State File No. 28231

Registration District No. 288 — Primary Registration District No. 5406 — Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 035

(c) City or town
(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 Mary Adaline Wells

3. (b) If veteran, name war ✓ — 3. (c) Social Security No. ✓

4. Sex F — 5. Color or race Wh — 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Nov. (Month) 28 (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
16	8	0	hr. min.

9. Birthplace Caruth (City, town, or county) Mo (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Arthur F. Wells
13. Birthplace Senath (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Dove Pruett
15. Birthplace Caruth (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Dove Wells
(b) Address Kennett, Mo. R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director McDaniel Funeral Service
(b) Address Senath Mo. Inc.

19. (a) Aug 18-41 (Date received local registrar) (b) Lura Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour 8:00 minute a. M.

21. I hereby certify that I attended the deceased from ..., 19..., to July 28, 1941; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Auto mobile accident

Due to fell from fender fracture skull

Due to death instantaneous

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

(b) Date of occurrence July 28, 1941 035

(c) Where did injury occur? Kennett Dunklin, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)

While at work? (e) Means of injury

23. Signature E. A. Bresnell (M. D. or other)
Address Kennett Mo Date signed 8/18/41

701 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 941-130
Date Filed 9-17-41

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 Mary Adaline Wells, Registered Apprentice No. ..... working under my personal supervision. H. P. Gooch

Signed H. P. Gooch

Licensed Embalmer No. 4106

P. O. Address Sinath Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
1—8-21-41
I X29288

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28231

Registration District No. 288 | Primary Registration District No. 5406 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Denklin
(b) City or town: Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Mary A. Welly
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: ✓
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov. (Month) 28 (Day) 1941 (Year)
8. AGE: Years | Months | Days | If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name
13. FATHER Birthplace (City, town, or county) (State or foreign country)
14. MOTHER Maiden name
15. MOTHER Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 8/18/41 (Date received by local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 28 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY