

S. No. 2  
M-1-4-41  
5-17-39  
X26390

FILED FEB 19 1948  
Registration District No. 888

Primary Registration District No. 4172

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 Presnell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 58 years  
ye. mo. or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Burnersville, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 mi. S.E. Cornith  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James W. Wells  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 15  
year 1942 hour 3 minute A M.  
21. I hereby certify that I attended the deceased from 1-11, 1942 to 1-15, 1942  
that I last saw him alive on 1-15, 1942  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Priney P. Wells  
6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased July 28 1862  
(Month) (Day) (Year)

Immediate cause of death Carcinoma stomach  
urina

8. AGE: Years Months Days If less than one day  
79 6 17 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 46 lb

9. Birthplace Pemissot County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Wells  
13. Birthplace Lebanon  
(City, town, or county) (State or foreign country)  
14. Maiden name Lebanon  
15. Birthplace Lebanon  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

16. (a) Informant George Wells  
(b) Address Burnersville, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty  
(d) Signature of funeral director Paul Salmon

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

(b) Address Kennett Mo.  
19. (a) Jan 6/42 (b) James W. Wells  
(Date received from registrar) (Registrar's signature)

23. Signature J. R. Linnell (M.D. or other) MD  
Address 1 Kennett Mo. Date signed 1-16-42

401 (Licensed Embalmer's Statement on Reverse Side)

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

5  
2  
2

RECEIVED  
District Health Office No. 2,  
District File Number 242-207  
Date Filed 2-13-42

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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 Balmon  
Licensed Embalmer No. 2556-  
P. O. Address Furnell, 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, fact should be so stated above.