

FILED APR 10 1942

Registration District No. 514

Primary Registration District No. 0683

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Ludlow (Monroe Twn. rural)  
(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 \_\_\_\_\_)  
In this community 50 yrs  
years, months or days

3. (a) PRINT FULL NAME Isaac Wells

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emily Wells 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Oct. 17th, 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>15</u>	.....hr. ....min.

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

10. Usual occupation Farmer

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

12. Name unknown

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Wells

(b) Address Ludlow, Missouri

17. (a) burial (b) Date thereof 3-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe Center

18. (a) Signature of funeral director Bernard J. Mead

(b) Address Braymer, Missouri

19. (a) 3-4-42 (b) Hannah Capple  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Ludlow, (rural) Monroe Twn  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day March  
year 1942 hour 12 minute 10 a.m.

21. I hereby certify that I attended the deceased from 7:30 p.m.  
1942 to March 1, 1942

that I last saw him alive on March 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Valvular Disease  
Insufficiency

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions As touched with me  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 92d

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 G. G. Moore (M. D. or other)

Address Ludlow Mo Date signed 3-2-42

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

059  
00

059  
00

0

Duration

2 yrs

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

*Bernard F. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri

**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.**