

FILED JUN 25 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19175

Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
 (b) Township Richland Primary Registration District No. 4653 Registered No. _____
 (c) City Sikeston (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles J. Wells

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wittu maude wells 4-25-1942 to 5-27-1942

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 10 - 1866

7. AGE YEARS 75 MONTHS 11 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. aged Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

13. NAME Charles J. wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Polly Ann Skagg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Lara wells
Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammersville DATE 5-27-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Emerson Burial
Hammersville, Mo.

20. FILED 6-1-42 19 H.B. Tugnot Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 - 1942

22. I HEREBY CERTIFY, That I attended deceased from

4-25-42 to 5-27-42
 I last saw him alive on 5-27-42 Death is said

to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:

Right Coronary Artery
and to general arteriosclerosis
acute myocarditis
 Date of onset 5-25-42
2 weeks

Other contributory causes of importance:

Acute Angina pectoris
Fibrillation
7 mo.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: none

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

_____, specify _____

(Signed) W. H. Anderson, M. D.

(Address) Sikeston, Mo.

RECEIVED

District Health Office No. 2,

District File Number 642-740-

Date Filed JUN 18 1942

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.

