V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21820

Registration District No. 592 — Primary Registration District No. 4350 — Registrar's No. 15

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1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Montgomery City
(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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery 70 1
(c) City or town Montgomery City 0
(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 0

3. (a) PRINT FULL NAME OTTO 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 2 widower

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

7. Birth date of deceased Aug (Month) 23 (Day) 1868 (Year)

8. AGE: Years 73 | Months 9 | Days 30 | If less than one day ..... hr. ..... min.

9. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business .....

FATHER
12. Name Levi Wells
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Baker
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Bertha Long
(b) Address Laddonia Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City

18. (a) Signature of funeral director [signature]
(b) Address Montgomery City Mo

19. (a) June 27-42 (Date received local registrar) (b) Mrs C.E. Vandaver (Registrar's signature)

1060

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd year 1942 hour 9.30 minute A M.

21. I hereby certify that I attended the deceased from Feb. 6, 1934 to June 22, 1942 that I last saw him alive on June 22, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	5 days
Due to Nephritis, Chronic parenchymatous	10 yrs
Due to	
Other conditions Old paralysis left arm and left leg (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

131 b

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 Buell Munfee (M. D. or other)
Address Montgomery City Mo Date signed 6-23-42

(Licensed Embalmer's Statement on Reverse Side)

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~~ on the 22nd day of June 1942 Registered Apprentice No. ..... working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.