

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27204

State File No. \_\_\_\_\_

Registration District No. 121

Primary Registration District No. 4200

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove  
(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 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 99

(c) City or town Ash Grove  
(If outside city or town limits, write "RURAL") 0

(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 William Bud Wells

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Wells 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct 1 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 10 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

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

12. Name Frank Wells

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

14. Maiden name Mary Jane Wells

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

16. (a) Informant Mrs. Mary Wells  
(b) Address Ash Grove, Mo.

17. (a) Burial (b) Date thereof Aug 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Gene Brim  
(b) Address Walnut Grove, Mo.

19. (a) 8-17-42 (b) J. B. Bick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15  
year 1942 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from for past 8 or 10 years 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on August 10th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative myocarditis

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

Due to 93d

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none performed

Of autopsy none held.

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Charles H. McHaffey (M. D.)  
Address Ash Grove Date signed 8-17-42

1254 (Licensed Embalmer's Statement on Reverse Side)

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

39  
1  
0

#0

RECEIVED

Greene County Health Office,

County File Number 42-9-75

Date Filed 9/4/42

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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.....

Licensed Embalmer No. 3856

P. O. Address Del. Grove, 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.**