

FILED DEC 8 1942
Registration District No. 1225

Primary Registration District No. 5460

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

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Galloway, Clay Township
 (c) Name of hospital or institution: Springfield R3 Clay Township
 (d) Length of stay: In hospital or institution 3 years
 In this community 3 years

2. USUAL RESIDENCE OF DECEASED: Res. 800 E. Lumbina
 (a) State Missouri (b) County Greene
 (c) City or town Galloway Mo
 (d) Street No Springfield RFD No 3
 (e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Lewis Franklin Wells
 3. (b) If veteran name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 22nd day Oct
 year 1942 hour 2 minute 15 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary Jane Wells
 7. Birth date of deceased March 12 1859

21. I hereby certify that I attended the deceased from Oct. 21st 1942 to death
 that I last saw him alive on Oct. 21st 1942
 and that death occurred on the date and hour stated above.

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>83</u>	<u>7</u>	<u>10</u>		

Immediate cause of death Chronic Myocarditis
 Due to 938
 Due to Senility

9. Birthplace Polk County Missouri
 10. Usual occupation Retired

Other conditions Senility
 (Include pregnancy within 3 months of death)

11. Industry or business laborer
 12. Name David Wells
 13. Birthplace Ky
 14. Maiden name Rebecca Smith
 15. Birthplace Ky

Major findings: Of operations _____
 Of autopsy not made

16. (a) Informant Perry Nunn
 (b) Address Springfield, Mo. R3
 17. (a) burial (b) Date thereof 10-23-42

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Ash Grove Mo
 18. (a) Signature of funeral director Anna Rinn
 (b) Address Walnut Grove Mo
 19. (a) Oct 23-1942 (b) Mrs. Frank Smith

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Paul O. Uphoff, M.D.
 Address Springfield, Mo. Date signed 10-22-42

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

J. P. Birch

Licensed Embalmer No.

3856

P. O. Address

Ash 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.