

S. No. 2
M-5-42
7-5-17-39
X32873

40038

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4578

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kans. Mo. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3518 Harrison 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 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3518 Harrison
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME SYLVESTER WELLS
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 8
year 1942 hour 7 minute 10 M.

4. Sex m 5. Color or Race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct 3 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 15 1942 to Dec. 8 1942
that I last saw him alive on Dec. 8 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 2 5 hr. min.

Immediate cause of death: acute coronary thrombosis
Due to arteriosclerosis
Due to arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Jefferson city mo
(City, town, or county) (State or foreign country)
10. Usual occupation Real Estate

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

11. Industry or business.....
12. Name William Wells
13. Birthplace Don't know 9
(City, town or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

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) Means of injury

16. (a) Informant Mr. Sylvester Wells
(b) Address 3518 Harrison
17. (a) Burial (b) Date thereof 12-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.
18. (a) Signature of funeral director D. V. Mast Memorial Home
(b) Address 4346 Grand
19. (a) 12-9-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature John K. Caldwell (M. D. or other) MD
Address 636 Argyle Kansas City Mo Date signed 12/9/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

1 day
11 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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John H. Conroy
Reginald H. H. H.

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... *Howard G. Roe*
Licensed Embalmer No. *2745*
P. O. Address *#346 East 4th St. Md*

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.