S. No. 2
—11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7925

FILED MAR 6 1943

Registration District No. 5-3

Primary Registration District No. 6196

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Texas Couty

(b) City or town rural Sherrill Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community about a week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. x (If rural, give location)

(e) If foreign born, how long in U. S. A.? x 0 years.

8. (a) PRINT FULL NAME Ruby May Wells

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cecil Wells

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Feb (Month) 1 (Day) 1921 (Year)

8. AGE: Years 22 | Months 6 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Reynolds Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation hoursewife

11. Industry or business x

FATHER
12. Name Wes Akers
13. Birthplace - (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Bessie Prater
15. Birthplace - (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Cecil Wells
(b) Address 1570 Lewis Ave Wellston Mo

17. (a) burial Miner Cem (Burial, cremation, or removal) (b) Date thereof Feb 5 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Miner Cem

18. (a) Signature of funeral director Carl K Spencer
(b) Address Salem Mo

19. (a) Feb 6 1943 (Date received local registrar) (b) Maggie Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1943 hour 11 minute 45 A M.

21. I hereby certify that I attended the deceased from 2-1 43, 19__, to ___, 19__;
that I last saw her alive on 2-1-43, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 P

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 Lisle Randall (M. D. or other)
Address Lickering Ave Date signed

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 9370

P. O. Address Orono Me.

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.