

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

2
-43
-39
(36657)

FILED FEB 10, 1944
Registration District No. 173

Primary Registration District No. 5431

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Tankersley

(b) City or town Rural - Prairie Mo.
(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 _____ (Specify whether years, months or days)

In this community _____ years _____ months _____ days

3. (a) PRINT FULL NAME Sam Wells

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Eva

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 12 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Phillip Wells

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

14. Maiden name Unknown

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

16. (a) Informant John Wells

(b) Address 4321 - Ravenwood Ave

17. (a) Burial (b) Date thereof 7-24-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect - Quincy

18. (a) Signature of funeral director Shelwood Mitchell

(b) Address St. Clair, Mo.

19. (a) 1/24/1944 (b) St. Clair, Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Tankersley

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1944 hour 10 minute 30P M.

21. I hereby certify that I attended the deceased from July 16 1943 to Jan 21 1944
that I last saw him alive on Jan 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Agitans

Due to _____

Due to _____

Other conditions Pericious Anemia
(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.

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 _____

23. Signature W. E. Mitchell (M. D. or other) _____

Address St. Clair Date signed 1-22-44

1120

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..... *Shemuel W. Mitchell*

Licensed Embalmer No. *3873*

P. O. Address..... *St. Clair, 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.