No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3584

Registration District No. 210 Primary Registration District No. 5771 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural (Marian 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 (Specify whether
In this community 82yrs 9Mo. I8days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 65

(a) State Mo. (b) County Mercer 0

(c) City or town Mercer 0
(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 0

3. (a) PRINT FULL NAME Martha Ellen Wells

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

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

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

7. Birth date of deceased April (Month) 4, (Day) I86I (Year)

8. AGE:

Years	Months	Days	If less than one day
82	9	I8	hr. min.

9. Birthplace Mercer County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Own Home

11. Industry or business

FATHER
12. Name Thomas B. Alley
13. Birthplace (City, town, or county) Ind. / (State or foreign country)

MOTHER
14. Maiden name Emmaline Eaton
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Verne Cunningham
(b) Address Mercer Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 23/44 (Day) (Year)
(c) Place: burial or cremation Alley Cemetery

18. (a) Signature of funeral director O. O. Greenlee
(b) Address Lineville Iowa.

19. (a) 1-26-44 (Date received local registrar) (b) Ivan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2I year I944 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 10, 1943, to Jan 7, 1944, that I last saw her alive on Jan 21, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Miocarditis

Due to

Due to Also shock from exposure to

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

Major findings:
Of operations 190
Of autopsy 99

Duration: Several years

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) accident

(b) Date of occurrence Nov 10-43 065

(c) Where did injury occur? Mercer (City or town) Mercer (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address Princeton Mo. Date signed 1/23/44

1367

(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 James L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Lincolnville 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, fact should be so stated above.