S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

~~Calloway~~

State File No. 27799

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 661

39
2
6

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: SpFd. Baptist Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Rural, N Campbell Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2 Springfield, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME James F. Wells

3. (b) If veteran, name war No

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Jimmie P. Wells

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

7. Birth date of deceased August (Month) 3 (Day) 1874 (Year)

8. AGE: Years 70 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Webster County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Branch Mgr. International Harvester Co. /

FATHER
12. Name Pyrum P. Wells
13. Birthplace UNK. (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Pumphrey /
15. Birthplace Lead Hill (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Mrs. William Huff
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/44 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 8-15-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1944 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from July 29, 1944, to Aug. 12, 1944
that I last saw him alive on Aug 12, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	5 Min.
Due to Arteriosclerotic Heart Disease.	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

93d

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. P. Maddux (M. D. or other)
Address Springfield, Mo Date signed 8-14-44

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1944

AUG 29 1944

MAR 11 1946

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.....

P. O. Address.....

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.