

No. 2
-2-43
-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Red personal 6169

State File No. _____

FILED MAR 6 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution. 1 hour
(Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2129 Adelia
(If rural, give location)

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

3. (a) PRINT FULL NAME Edgar Dale Wells

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1946 hour 5 minute 8 M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Stella Wells 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 28, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 10, 1946 to Feb 10, 1946
that I last saw him alive on Feb 10, 1946
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>72</u> | <u>10</u> | <u>13</u> | hr. _____ min. _____ |

Immediate cause of death _____

Due to Coronary Occlusion

Due to 1946

9. Birthplace Parsons Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business A. F. & L' Unions

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name E H Wells

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

14. Maiden name Mary

15. Birthplace Illinois
(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? _____

16. (a) Informant Mrs Stella Wells

(b) Address 2129 Adelia, Joplin, Mo

17. (a) Removal (b) Date thereof 2-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons, Kansas

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 2-12-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address 708 Hayes Bldg Joplin Mo Date signed [Date]

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

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(Licensed Embalmer's Statement on Reverse Side)

H6-2-141

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..... *F. M. Jones*

Licensed Embalmer No. *3319*

P. O. Address..... *Joplin 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.