No. 2
--2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
U.S. BUREAU OF THE CENSUS

FILED MAR 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6589

Registration District No. 244 Primary Registration District No. 3934 Registrar's No. 2

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1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural 3 mi S. Fidelity (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: same / Marion Tu (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town 3 mi S. Fidelity (If outside city or town limits, write "RURAL")
(d) Street No. Rural (same) (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Rosa Jane Wells
3. (b) If veteran, name war * * *
3. (c) Social Security No. * * *
4. Sex Fem /
5. Color or race W
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Walter Wells
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 16, 1873 (Month) (Day) (Year)
8. AGE: Years 72 Months 7 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace Flagstaff (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home duties
11. Industry or business .....
MOTHER FATHER
12. Name George Rathburn
13. Birthplace Ohio / (City, town, or county) Miller (State or foreign country)
14. Maiden name .....
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs H. B. HARRIS
(b) Address 802 PICHER JOPLIN, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation OSBURN MEM. JOPLIN
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.
19. (a) Feb-27-46 (Date received local registrar) (b) Mrs. Allie Parnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1946 hour 12 minute 45 a.m.
21. I hereby certify that I attended the deceased from Feb 15 1946 to Feb 20 1946 that I last saw her alive on Feb 17 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	1 WK.
Due to General Debility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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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) (e) Means of injury .....
23. Signature Melvin McCullough (M. D. or other) D.O.
Address Neosho, Mo Date signed 2/23/46

222 (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 Perry K. Hurlbert

Licensed Embalmer No. 959

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.