

FILED MAR 8 1946

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Randolph
(b) City or town: Moberly
(c) Name of hospital or institution: Woodland Hospital
(d) Length of stay: In hospital or institution: 5 days
In this community: 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Chariton
(c) City or town: Salisbury
(d) Street No.:
(e) Citizen of foreign country?: No

3. (a) PRINT FULL NAME

Lon C Wells

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex: M Color or race: W
5. Color or race: W
6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Martha Wells
6. (c) Age of husband or wife if alive, years: 2

7. Birth date of deceased: Oct 1854

8. AGE: Years: 91 Months: 3 Days: 11

9. Birthplace: Howard Co Mo

10. Usual occupation: Retired Farmer

11. Industry or business:

12. Name: Toes Wells

13. Birthplace: Virg

14. Maiden name: Sarah Cooper

15. Birthplace: Virg

16. (a) Informant: Mrs Ethel Copeland
(b) Address: Salisbury Mo

17. (a) Burial (b) Date thereof: 11-15-46
(c) Place: burial or cremation: Salisbury

18. (a) Signature of funeral director: [Signature]
(b) Address: Salisbury Mo
(c) Date received local registrar: Jan 15-46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January, 13th
year: 1946 hour: 20 minute: 40 am

21. I hereby certify that I attended the deceased from 7 January 1946 to 13 January 1946
that I last saw him alive on 13 January 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: 2+3 Burns (fire) of face, neck, chest, back, arms & legs.
Due to: Accidental - looking fire.

Other conditions: Pneumonia terminal.
Other conditions (include pregnancy within 3 months of death):

Major findings: None
Of operations:
Of autopsy: none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 7 January 1946
(c) Where did injury occur: Salisbury Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

23. Signature: [Signature]
Address: Woodland Hospital
Date signed: 1/15/46

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

5258

RECEIVED

District Health Officer No. 10

District File Number 2-46-368

Date Filed MAR 7 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.....

Georg Winkelmeyer

Licensed Embalmer No. 2125

P. O. Address..... *Calistoga, Ca*

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.