No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13991

Registration District No. 253 Primary Registration District No. 4384 Registrar's No.

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Skidmore
(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
In this community: 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Skidmore (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alexander Johnston Wells

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Sarah Ethel Wells

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: July (Month) 26 (Day) 1882 (Year)

8. AGE: Years 63 Months 8 Days 12 If less than one day hr. min.

9. Birthplace: Nodaway County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: retired farmer

11. Industry or business:

FATHER
12. Name: William Robert Wells
13. Birthplace: Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Maria Johnston
15. Birthplace: Steubenville, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Douglas Wells
(b) Address: Skidmore, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 9, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillcrest Cemetery

18. (a) Signature of funeral director: Eric Funeral Home
(b) Address: Maryville Mo

19. (a) 4/9/1946 (Date received local registrar) (b) Mrs. Myrna Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-4-46, to 4-7-46, and that I last saw him alive on 4-6-46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the lung	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 4-7-46	
Of autopsy:	

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

23. Signature: F. H. Burton (M. D. or other)
Address: Skidmore Mo. Date signed 4/9/46

231 (Licensed Embalmer's Statement on Reverse Side)

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

12894

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 Glen M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.