

FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. 15848

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 548

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6520 Grant St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6520 Grant St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elsie Eliza Wells

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased June 16, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	10	23	hr. _____ min.

9. Birthplace Unknown Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name George Bussard

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Wells
(b) Address 6520 Grant St.

17. (a) Burial (b) Date thereof May 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) May 14, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1946 hour 5 minute 15 a. M.

21. I hereby certify that I attended the deceased from May 2, 1946 to May 9, 1946
that I last saw her alive on May 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Pyofastatic Duration 5 weeks

Due to Heart Disease (Arterio-sclerotic)

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 267 Ely St. St. Joseph Date signed 5-16-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
14740

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..... 5/9/46

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Embalmer*

Licensed Embalmer No..... 4238

P. O. Address..... St. Joseph, 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.