No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26427

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 273

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

12
7
3

25273

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Fisk R. 1. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Richard Wells,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Snowey Wells,

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 6 1884
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	6	8	hr. min.

9. Birthplace Monkeytown Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Albert Wells
13. Birthplace Monkeytown, Ill. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarett Pennington
15. Birthplace Monkeytown, Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Snowey Wells.
(b) Address Fisk, Mo. R. 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16.46
(Month) (Day) (Year)
(c) Place: burial or cremation Little Vine Cmetery

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) 8/19/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 7-4, 1946, to 8-14, 1946
that I last saw him alive on 8-14, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of tongue	
Due to	
Due to	
Other conditions: metastasis to larynx (Include pregnancy within 3 months of death)	
Major findings: Of operations: no operation	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

45

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 0

23. Signature [signature] (M. D. ~~or other~~)
Address Poplar Bluff Mo Date signed

55

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 846-1012
Date Filed 8-26-46

SEP 3 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 Lyman D. Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.