

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

1. PLACE OF DEATH:

(a) County Ralls,

(b) City or town Rural (Jasper Township)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Center, Mo R.F.D.
~~Center, Missouri~~ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 40 Yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME John Oren Wells.

3. (b) If veteran, name war.....

3. (c) Social Security No. None.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillie Wells

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 16, 1870
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>76</u> | <u>11</u> | <u>17</u> |hr.min. |

9. Birthplace Van Buren Co., Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

MOTHER FATHER

12. Name Ruhus Wells.

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

14. Maiden name Charlot Berrey.

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

16. (a) Informant Lillie Wells.

(b) Address Center, Missouri.

17. (a) Burial (b) Date thereof 2/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel.

18. (a) Signature of funeral director Clyde Wickey

(b) Address Perry, Missouri

19. (a) 2/4/47 (b) Clyde Wickey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls.

(c) City or town Rural (Jasper Township)
(If outside city or town limits, write "RURAL")

(d) Street No. Center, Mo R.F.D.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd.
year 1947 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 10
1947 to Feb. 1. 1947.
that I last saw him alive on 1-10- 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of
age with loss of
memory found.

Due to.....

Due to.....

Other conditions 16 7B
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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 0

23. Signature P. E. Suter (M. D. or other)
Address Perry, Mo. Date signed 2/4/47

SEP 18 1956

RECEIVED
District Health Officer No. 10
District No. 47-283
Date Filed FEB - 7 1947

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

John H. Ellis, Registered Apprentice No. 494,
working under my personal supervision.

Signed Clyde W. Wicker
Licensed Embalmer No. 3830
P. O. Address Perry, 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.