

FILED NOV 4 1947

Registration District No. 209

Primary Registration District No. 4320

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Palmyra
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
606 Suter Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life Time (Specify whether
 In this community Life Time
 years, months or days)

3. (a) PRINT FULL NAME Woodrow Wilson Wells

3. (b) If veteran, name war No 3. (c) Social Security No. 347-10-9125

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

6. (b) Name of husband or wife Louise Wells 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased December 24 1914
 (Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 22 If less than one day
 hr. min.

9. Birthplace Philadelphia, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Trucking

11. Industry or business Trucking

12. Name Ross E. Wells

13. Birthplace Scuyler County, Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Ethel Runkle

15. Birthplace Scuyler County, Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Wells
 (b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 10/10/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Brown
 (b) Address Palmyra, Missouri

19. (a) 10-20-47 (b) Viola Green Dep
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Palmyra
 (If outside city or town limits, write "RURAL")
 (d) Street No. 606 Suter Street
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
 year 1947 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 8, 1947, to Oct. 16, 1947
 that I last saw him alive on Oct 16, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lungs Meninges and spinal cord
 Duration 9 weeks

Due to
 Due to

Other conditions (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) 2
 While at work? (e) Means of injury

23. Signature H. S. Rauer (M. D. or other) DO
 Address Palmyra Mo Date signed 10/18/47

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

4
2
0

MOTHER FATHER

VS OCT 4 1960

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. Lewis*.....

Licensed Embalmer No. *7387*.....

P. O. Address. *Alumna - 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.