FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38948

FILED DEC 4 1947

Registration District No. 3132 — Primary Registration District No. 3044 — Registrar's No. 59

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Eldon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 420 N Mill (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller 66
(c) City or town: Eldon (If outside city or town limits, write "RURAL") 1
(d) Street No.: 420 N Mill (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: None

3. (a) PRINT FULL NAME: James William Wells
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) ~~Single, widowed, married, divorced~~: widowed
6. (b) Name of ~~husband~~ or wife: Eliza Jane Wells
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Oct (Month) 2 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	1	22	— hr. — min.

9. Birthplace: Barton Co. (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Road House Labor Foreman
11. Industry or business: Rail Road
12. Name: Reuben Wells 0
13. Birthplace: unknown (City, town, or county) Mo (State or foreign country)
14. Maiden name: Angeline Bassemett
15. Birthplace: unknown (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant: Mary L Rodden
(b) Address: Eldon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Dooley Cem
18. (a) Signature of funeral director: Fred McKay
(b) Address: Eldon Mo
19. (a) 11-26-47 (Date received local registrar) (b) Alvarretta Waltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 24 year: 1947 hour: 3 minute: 25 P.M.
21. I hereby certify that I attended the deceased from Nov 15 1947 to Nov 24 1947 that I last saw him alive on Nov 24 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia.	
Due to: 1) Nephritis chr.	
2) Myocarditis chr.	
Due to:	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: E O Shelton (M. D. ~~or other~~)
Address: Eldon Mo Date signed: 11/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

District File Number
Date Filed 12-3-42

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.