

FILED DEC 12 1947

Registration District No. 291

Primary Registration District No. 4432

Registrar's No. 101

## 1. PLACE OF DEATH:

(a) County PUTNAM  
 (b) City or town LUCERNE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community LIFETIME  
 years, months or days)

3. (a) PRINT FULL NAME STEPHEN CHARLES WELLS

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MADGE WELLS 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased DECEMBER 7 1885  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 23 hr. min.

9. Birthplace PUTNAM COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMING11. Industry or business FARM

12. Name HENRY STARK WELLS  
 13. Birthplace PUTNAM COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)  
 14. Maiden name NANCY JANE OWENS  
 15. Birthplace PUTNAM COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)

16. (a) Informant Madge Wells(b) Address Lucerne, Mo.

17. (a) BURIAL (b) Date thereof Dec 3-1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lucerne, Mo., Country18. (a) Signature of funeral director COVSTOCK FUNERAL HOME(b) Address UNIONVILLE, MO. BY J. W. Covstock

19. (a) 12-3-47 (b) Marshall A. ...  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM  
 (c) City or town LUCERNE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 30  
 year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 45 to Dec 30, 1947  
 that I last saw him alive on Dec 30, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
 Due to Proximately thrombus

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83  
 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? 2

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature S. W. McDonald (M. D. or other) DO  
 Address Unionville, Mo. signed 12-2-47

RECEIVED  
District Health Officer No. 10  
District File Number 12-47-171A  
Date Filed DEC 1 0 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.....

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

Signed James W Constatuk  
Licensed Embalmer No. 4197  
P.O. Address Unionville, 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.