No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40987

FILED JAN 5 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1522

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Méth. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1525 So. 20th (If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Homer B. Wells
3. (b) If veteran, name war: No
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: Annetta B. Wells
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: April (Month) 23 (Day) 1881 (Year)

8. AGE: Years 66 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace: Jamesport (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Burlington R. R. Co.
MOTHER FATHER
12. Name: Benjamin Wells
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Annetta B. Wells
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Heaton-Bordman
(b) Address: St. Joseph, Mo.
19. (a) 12-29-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1947 hour 5 minute 35 A.M.
21. I hereby certify that I attended the deceased from 1-2-16, 1947, to 12-25, 1947, that I last saw him alive on 12-24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	9 days
With Infarction	
Diabetes Mellitus	3 yrs
Due to: Coronary Sclerosis	
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	3 yrs

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:
23. Signature: T. L. Howden (M. D. or other) M.D.
Address: 620 Francis Date signed: 12-26-47 St. Joseph, Mo.

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

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph, M

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.