

FILED JAN 7 1948

Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Montgomery
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: B
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 6 Mo _____ (Specify whether)
 - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike **82**
 (c) City or town Rural **0**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? Between Carso & Rowling (Yes or No)
Green Mo
 If yes, name country _____

3. (a) PRINT FULL NAME Charles E. Wells

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

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Janette Wells 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 4 -- II - 1885
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Pike Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Milton Wells

13. Birthplace Pike Co Mo
 (City, town, or county) (State or foreign country)

14. Maiden name no

15. Birthplace no
 (City, town, or county) (State or foreign country)

16. (a) Informant Janette Wells

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof II-16-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cemetery

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 11-20-47 (b) Virvian G. Spire
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month II day 13
 year 1947 hour 9 minute 0 M.

21. I hereby certify that I viewed the deceased NOV - 14th - 1947
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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) none
 (b) Date of occurrence none
 (c) Where did injury occur? none
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
factory

While at work? _____ (Specify type of place)
 Means of injury 3

23. Signature Clement N. Burnett
 Address Montgomery City Mo Date signed 1/14/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-6-48

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 on the
13 day of Nov 1947, Registered Apprentice No. _____
working under my personal supervision.

Signed W. H. Perkins
Licensed Embalmer No. 1487
P. O. Address Montgomery City, 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.