No. 2
1-4-41
17-30
X26300

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1948

Registration District No. 11

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4024

State File No. 15375

Registrar's No. 43

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Cassville

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barry County Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 hours (Specify whether years, months or days)

In this community: 3 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 5

(c) City or town: Purdy 0

(If outside city or town limits, write "RURAL")

(d) Street No.: 0

(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes name country

3. (a) PRINT FULL NAME: James J. Wells

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Wdk.

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Aug. (Month) 18 (Day) 1864 (Year)

8. AGE: Years 83 Months 7 Days 8 If less than one day hr. min.

9. Birthplace: (City, town, or county) Ind. (State or foreign country) 1

10. Usual occupation: Retired

11. Industry or business:

FATHER

12. Name: Willis Wells

13. Birthplace: (City, town, or county) D.K. (State or foreign country) 9

MOTHER

14. Maiden name: Martha E. Dillard

15. Birthplace: (City, town, or county) D.K. (State or foreign country) 9

16. (a) Informant: Rena Seth

(b) Address: Purdy, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-27-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: New Church Cemetery

18. (a) Signature of funeral director: Culver's Funeral Home

(b) Address: Cassville, Mo.

19. (a) May 4-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from April 26, 1948, to April 26, 1948, that I last saw him alive on April 26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 hr

Due to:

Due to:

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

Major findings:
Of operations: 0
Of autopsy: 0

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)

While at work:

(e) Means of injury: 0

23. Signature: Leon Newman (M.D.)

Address: Cassville, Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 548-572
Date Filed MAY 18 1948

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 Paul D. Herbert, Registered Apprentice No. 54 working under my personal supervision.

Signed Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Caswell

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.

. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James J. Wells

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife None Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 18 (Day) 1864 (Year)

8. AGE: Years 83 Months 7 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) 2nd (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 26
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-15375