

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

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22592**
Registrar's No. **76**

Registration District No. **72**

Primary Registration District No. **4289**

1. PLACE OF DEATH:
(a) County Clay *Gallatin Twp.*
(b) City or town Harlem, RR#8, North K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer, Harlem, Missouri
(If not in hospital of institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 60 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay *24*
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RR#8 North Kansas City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3: (a) PRINT FULL NAME JOSEPHINE ISABEL WELLS
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Bugard Wells 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased February 26 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
<u>84</u>	<u>4</u>	<u>12</u>	<u>X</u> hr. <u>X</u> min.	

9. Birthplace Orich Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

MOTHER FATHER

12. Name Henry Balès
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Robbins

(b) Address RR# 8, North Kansas City, Mo

17. (a) Burial (b) Date thereof: 7/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brenner Cem

18. (e) Signature of funeral director Morton-Smith's F.H.

(b) Address 832 Armour Rd., N.K.C., Mo.

19. (a) July 11 - 48 (b) Reuel Kitchin
(Date received local registrar) (Registrar's signature) (Date)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 8th
year 1948 hour 3 minute 45 AM.
21. I hereby certify that I attended the deceased from 1945-46
19 July 7 19 48
that I last saw her alive on July 7 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident Duration 2 yrs.

Due to.....
Due to.....

Other conditions Senility,
(Include pregnancy within 3 months of death)
Probable terminal broncho-
Major findings: pneumonia

Of operations.....
Of autopsy..... *gzw*

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?

While at work?..... (Specify type of place) (a) Means of injury.....

23. Signature J. Charles Fisher (M. D. or other)
Address 2025 Swift, N.K.C., Mo. Date signed 7/10/48

PHYSICIAN
3-4 de
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. E.....

District File Number.....

Date Filed 7-23-48

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.....

Frank R. Hammy, Registered Apprentice No. 447
working under my personal supervision.

Signed *Theron O. Smith*

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.