

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9-18-48-9-27-48  
In this community 28 yrs.  
years, months or days

3. (a) PRINT FULL NAME William S. Wells  
3. (b) If veteran, name war No  
3. (c) Social Security No. 496-10-9287

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rose Lee Wells  
6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased September 13, 1912  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 0 15 14  
hr. min.

9. Birthplace Centerville Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Policeman

11. Industry or business Kansas City Police Dept.

12. Name Claude Wells

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

14. Maiden name Lula M. Shoemaker

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Lee Wells

(b) Address 7632 Grand Avenue

17. (a) Burial (b) Date thereof 9/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Eapp & Sons  
(b) Address 4139 East 15th St.

19. (a) 9-28-48 (b) Thelma Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7632 Grand Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th  
year 1948 hour 8 minute A.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.

Immediate cause of death? Puncture of Right Chest Duration \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy during 6 months of death)

Major findings: Reputy Coroner  
Of operations \_\_\_\_\_

Of autopsy History & Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 9-18-48

(c) Where did injury occur? Kansas City mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
o

While at work? Yes (Specify type of place) Gunshot  
(e) Means of injury A. E. Usher  
Signature 2800 1/2 Main (M.D. or other) 9/27/48  
Address Date

**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.....

William H. Carp....., Registered Apprentice No. 241  
working under my personal supervision.

Signed John B. Carp  
Licensed Embalmer No. 9955  
P. O. Address H. C. 210

**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.**