No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36072

Registration District No. 107 — Primary Registration District No. 3019 — Registrar's No. 157

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 201 - Kennett street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35 2
(c) City or town Kennett (If outside city or town limits, write "RURAL") 2
(d) Street No. 201 - Kennett St. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Anderson Wells
3. (b) If veteran, name war no -
3. (c) Social Security No. 498-28-7994
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Jones Wells
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 1 (Month) - 19 (Day) - 1889 (Year)

8. AGE: Years 59 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Caruth (City, town, or county) Mo - 1) (State or foreign country)
10. Usual occupation Jailor - Dunklin Co. Mo
11. Industry or business Law Enforcement
FATHER
12. Name J. W. Wells
13. Birthplace Canthus - Mo - 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Primey Dunivan Wells
15. Birthplace Caruthersville, Mo - U (City, town, or county) (State or foreign country)
16. (a) Informant J. H. Wells
(b) Address Kennett, Mo -
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge - Kennett Mo
18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo.
19. (a) 12-7-1948 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 3rd. year 1948 hour 4:15 minute P. M.
21. I hereby certify that I attended the deceased from Oct 18, 1945, to Dec. 3, 1948, that I last saw him alive on Dec. 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	3 yrs
Due to	
Due to	
Other conditions: Hypotension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 935

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 2
23. Signature [signature] (Mr. or other)
Address Hornersville, Mo. Date signed 12-4-48

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

RECEIVED
District Health Office No. 2,
District File Number 1248-1654
Date Filed 12-13-48

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 Arnold R. Moon, Registered Apprentice No. 258, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.