S. No. 300
v. 10.48

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

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19870

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2752

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4804 Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Elcer
b. (Middle): B.
c. (Last): Wells

4. DATE OF DEATH (Month) (Day) (Year): June 25, 1949

5. SEX: F
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 25, 1889
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Dr. W. O. Hitchcock
13b. MOTHER'S MAIDEN NAME: Ola Harper
14. NAME OF HUSBAND OR WIFE: Robert H. Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: R. H. Wells, Kansas City, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. Rather the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Valvular Heart disease with Auricular fibrillation
DUE TO (c) — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4214
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22, 1949, *to* 6-25, 1949, *that I last saw the deceased alive on* 6-24, 1949, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hubert M. Parker (Degree or title): MD
23b. ADDRESS: 520 Argyle K.C. Mo
23c. DATE SIGNED: 6-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 6-25-49
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Dallas, Georgia

DATE REC'D BY LOCAL REG.: 6-25-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: STINE & McCLURE UND. CO. KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

Cert. Ltr.
Incident Pamphlet
Vi 3233

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 _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed [signature]

Licensed Embalmer No. 1415

P. O. Address K.C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 1987047
Local Registrar's No. 12752-49

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of October, 1949, before me appears R. H. Wells (Robert), who, upon his oath, states that the original record of ~~birth~~ death for Elcer Wells died ~~born~~ June 25, 1889, ~~19~~, in the State of Missouri, and which was filed at Kansas City on 6-25-49, ~~19~~, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 3 should read Elcer B. Wells

Instead of Elcer Wells

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Robert H. Wells Husband
Relationship.

4804 Jefferson St.
K. C. Mo.
Present Address.

Subscribed and sworn to before me this 17th day of October, 1949.

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667