No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1947
Registration District No. 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34730

Registrar's No. 4514

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 47 63rd East of Elmwood (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 558 Main st (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Dan Wells
3. (b) If veteran, name war None
3. (c) Social Security No. Do Not Know

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased APRIL (Month) 13 (Day) 1885 (Year)

8. AGE: Years 62 | Months 6 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace KY (City, town, or county) (State or foreign country)
10. Usual occupation RAILROAD
11. Industry or business .....
FATHER
12. Name MacHagAH Wells
13. Birthplace [redacted], KY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name DORINDA Keyes
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Wm M. Wells
(b) Address 5113 Montavista L.A.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Nortonville, KY.
18. (a) Signature of funeral director Assanting Bros
(b) Address 217 Indep. Blvd.
19. (a) 10-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1947 hour 1 minute P.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	Duration
Hanging	
Due to	
Due to	
Other conditions (Including pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy History

Deputy Coroner

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) Suicide
(b) Date of occurrence .....
(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? ..... (Specify type of place)
While at work? No (e) Means of injury Hanging

23. Signature A. E. Uosher (M. D. or Coroner)
Address 2600 Main Date signed 10/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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....., Registered Apprentice No....., working under my personal supervision.

Signed J. L. Walton

Licensed Embalmer No. 2744

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.