FILED FEB 26 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1467

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 452

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether In this community Unknown, years, months or days)

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. 3219 Charlotte (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME WOLFE, Mrs. Amarintha

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Wolfe,

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April (Month) 23 (Day) 1855 (Year)

8. AGE: Years 84 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Unknown,
13. Birthplace Unknown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Wolfe, Jr.

(b) Address 3219 Charlotte St., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235, Gillham Plaza, K. C., Mo.

19. (a) Jan. 31, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th year 1940 hour 7:15 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 10th, 1940, to Jan. 28th 1940, 19; that I last saw her alive on Jan. 28th, 1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic congestion of lungs

Due to Feacture of right femur, accidental fall

Due to

Other conditions Gen'l. arteriosclerosis; (Include pregnancy within 3 months of death) Bil. Hydrothorax; Fibromyoma of uterus

Major findings: Of operations

Of autopsy See above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence Unknown

(c) Where did injury occur? Home (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 Acc fall

23. Signature R. F. De Maria M.D. (M. D. or other)

Address Supt. K. C. Gen. Hospital 1-29-40 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address.....

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, above space should be left blank.