

FRIED JUN 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17358
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002 Registered No. 1885
 (c) City Kansas City (d) Street No. 57 Lukes Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME H/O Grantum Taylor Wolfe (Grantum Taylor Wolfe)
 (a) Residence, No. Adrian Mo RR #2 St. Adrian Mo RR #2
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisia Wolfe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov . 18, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>67</u>	<u>76</u>	<u>5</u>	<u>16</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cedar County, (STATE OR COUNTRY) Mo.

FATHER
 13. NAME George W. Wolfe
 14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Malissa Cantwell
 15. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Lottie Wolfe
Adrian, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crest Hill Cemetery DATE May 7 1940

19. FUNERAL DIRECTOR (NAME) Greatlet's (ADDRESS) Adrian, Mo.

20. FILED May 5, 1940 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1940 to May 5, 1940
 I last saw him alive on May 5, 1940 Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:
pulmonary embolism Date of onset May 5
Benign Hypertrophy of prostate several years
127
 Other contributory causes of importance:
Hypertrophy of the heart
Reaction of prostate
 Name of operation Prostatic Resection Date of April 27, 40
 What test confirmed diagnosis? Prostatectomy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Nelson S. Oberholser M. D.
 (Address) Professor Bldg K C Mo.
Donald S. Meyer M. D.
St. Luke's Hospital

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.

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.....

Licensed Embalmer No.....

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.