

No. 2
-13-40
17-39
K23159

Registration District No. **1001**

Primary Registration District No. **1001**

Registrar's No. **1070**

NOV 20 1940

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME FRANK L WOLFE

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Mar. 28, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Richard Wolfe

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Dickie

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Wolfe

(b) Address Mt Vernon Ohio

17. (a) removed (b) Date thereof Oct 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Mo

18. (a) Signature of funeral director W. H. Laughlin

(b) Address Hamilton Mo

19. (a) 10/10/40 (b) H. M. Mastlebach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kedder Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1/2 mile north of Kedder
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th year 1940 hour 8:50 minute 50 P.M.

21. I hereby certify that I attended the deceased from 2 P.M. Oct 7, 1940 to Oct 9, 1940; that I last saw him alive on Oct 9, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 2 da.

Due to strangulated hernia

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: gastroenteritis
cholelithiasis

Of autopsy _____

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) _____

(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? _____

While at work? Yes (Specify type of place) _____
(e) Means of injury _____

23. Signature Dr. J. P. ... (M. D. or other) D.O.
Address 408 E. Liberty Bldg Date signed 10-9-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{took} was embalmed by me, or by.....

LR Slaughter Registered Apprentice No.
working under my personal supervision.

Signed LR Slaughter

Licensed Embalmer No. 3854

P. O. Address Hamilton, 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.