

No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1941
Registration District No. 50

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6191
State File No. _____
Registrar's No. 12

Primary Registration District No. 3004

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

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler Hosp
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community One year
years, months or days

3. (a) PRINT FULL NAME Henry August Wolf
(b) If veteran, name, war: No
(c) Social Security No. 70

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Sadie (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept - 18 - 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace Bitterburg, 1 Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business _____

MOTHER FATHER { 12. Name August Wolf
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Don't know
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Wolf
(b) Address Butler Mo

17. (a) Sheldon (b) Date thereof: 2-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Mo.

18. (a) Signature of funeral director Levath and Sit
(b) Address Adrian Mo

19. (a) Feb 9 1941 (b) Nina L. Curlew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 7
year 1941 hour Ten minute 70 PM
21. I hereby certify that I attended the deceased from Jan. 30
1941 to Feb 5, 1941
that I last saw him alive on Feb 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____

Due to possibly Feb
hemorrhage

Due to no autopsy

Other conditions 4
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no 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?
53

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

23. Signature E. E. Robinson (M. D. or other) _____
Address Adrian, Mo Date signed 2-8-41

RECEIVED

District Health Officer No. 7,

District File Number 3-41-555

Date Filed 3-17-41

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 and

Fred J. Leath # 3343

Registered Apprentice No.

working under my personal supervision.

Signed

Leath

Licensed Embalmer No. 3650

P. O. Address Adrian 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, above space should be left blank.