

FILLED NOV 11 1941  
Registration District No. **378**

Primary Registration District No. **3019**

48  
4  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 904 N. Liberty  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community since 1922! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Independence **4**  
(If outside city or town limits, write "RURAL")

(d) Street No. 904 N. Liberty  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Edna Elizabeth Wulfekammer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 2

4. Sex Female 5. Color or race White

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 Jan. 16, 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>9</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation Secretarial Work

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William H. Wulfekammer

13. Birthplace Warren Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Olinda Bronsage

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

16. (a) Informant Verna Wulfekammer

(b) Address 904 N. Liberty Independence

17. (a) Burial (b) Date thereof Oct. 31, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director W. L. Mitchell

(b) Address Independence, Mo.

19. (a) Oct. 31 41 (b) F. L. Cooker, D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28- year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug. 17- 1939, 19\_\_\_\_ to Oct. 28-, 1941, that I last saw her alive on Oct. 22-, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration

Due to Carcinome of lung - chest & bony structure.

Due to Primary in right breast.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 50

Of operations \_\_\_\_\_

Of autopsy No.

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? W (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Wulfekammer (M. D. or other) \_\_\_\_\_

Address 10307 Indep. Ave. K.C. Date signed \_\_\_\_\_

SEP 14 1958

**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 Me

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

Signed J. S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep 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.**