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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 22 1941

Registrar's No. 43790

Registration District No. 399

Primary Registration District No. 1002

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 11 days
(Specify whether
In this community 50 yrs
years, months or days)

3. (a) PRINT FULL NAME Lizzie Wolfe3. (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 Widow
6. (b) Name of husband or wife Charles E. Wolf 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased July 26 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Dublin Maryland
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Notson
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Blanche James
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie Johnson(b) Address Street Maryland17. (a) Burial (b) Date thereof 11/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill Cem.18. (a) Signature of funeral director Estes Funeral Home(b) Address Kansas City, Kansas19. (a) 11-26-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 2122 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd
year 1941 hour 5 minute 10 P. M.21. I hereby certify that I attended the deceased from 11-11-41, 19____, to 11-22-41, 19____;
that I last saw her alive on 11-22-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary heart disease; Hypertension
and Diabetes

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy None

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?
(Specify type of place)

While at work? _____ (Specify type of place)
(f) Means of injury ○23. Signature Wm. R. Thore (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 11-24-41

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

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

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.....

Mary L. Gates

Licensed Embalmer No. *245*

P. O. Address *1901 W. 41st Kansas*

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.