

NOV 9 1941
Registration District No. 40

Primary Registration District No. 5058

State File No. _____

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural (Lamar Twp) Ind
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community 8 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6
(c) City or town Lamar 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Wolke

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Jan 5th, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Minnettenruh Germany
(City, town, or county) (State or foreign country)

10. Usual occupation retired Farmer & Contractor

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Arthur Stoltz

(b) Address Lamar, MO.

17. (a) Removal (b) Date thereof 11-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Redwood Falls, Minn.

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) Nov-10-1941 (b) Mrs. Josephine Inyard
(Date received local registrar) (Registrar's signature)

40 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9th
year 1941 hour 5 minute 57 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Instantly killed when struck by car on highway #71 3 1/2 miles South of Lamar, Barton Co, Mo Duration _____
Due to his request

Due to _____

Other conditions (Include pregnancy within 9 months of death) _____

Major findings: Of operations _____

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 11-9-41

(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? _____ (Specify type of place) (e) Means of injury car

Signature Raymond River (M.D. or other) _____

Address Lamar Mo Date signed 11/10/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 124-1793

Date Filed DEC 8 1941

~~_____~~

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 *A. C. [Signature]*

Licensed Embalmer No. 3141

P. O. Address *Lamar 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37714

Registration District No. 40

Primary Registration District No. 5058

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Barlow
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Walter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Jan 5, 1874
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ p. _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Instantly Duration _____

Added when struck by car on highway # 71 3 1/2 miles south of Warsaw - no request

Due to Walking on highway # 71

stopped in front of car
Other conditions Arteriosclerosis, broken neck & rib cage broken
(Include pregnancy within months of death)

Major findings: Of operations _____

Of autopsy 1700-8
21

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) accident

(b) Date of occurrence 11-9-41-5:45 P.M.

(c) Where did injury occur? Barlow, Mo (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? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

[The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is scattered across the page and does not form any recognizable words or sentences.]