

FILED FEB 11 1942

Registration District No. 668

Primary Registration District No. 3082

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2010 East 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community nineteen years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 2010 East 6th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Adam Wolf

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Elizabeth Trecker 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased January 7, 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name Valentine Wolf

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

14. Maiden name Cecilia Spatts

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

16. (a) Informant Mrs. Elizabeth Wolf

(b) Address 2010 E. 6th, Sedalia, Mo.

17. (a) Burial (b) Date thereof Jan. 21, '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary-Sedalia, Mo.

18. (a) Signature of funeral director Deane Ewing

(b) Address Sedalia, Missouri

19. (a) Jan 21-42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1942 hour 1:10 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 19 1942
to Jan 19 1942
that I last saw him alive on Jan 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
D. Haemorrhagic
and Paratyphoid

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. G. White (M. D. or other) _____
Address Sedalia Date signed 1-20

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-42

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.....

John E. Myers

Licensed Embalmer No. 3220

P. O. Address Bedford, 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.