No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1942

Registration District No. 76

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 6147

Registrar's No. 28

4/1/2

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 yrs 7m 4d (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Morgan 71 0
(c) City or town: Bennett Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Maggie E. Wolfe
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: F 1
5. Color or race: W
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: Dec (Month) 31 (Day) 1875 (Year)
8. AGE: Years 67 Months — Days 21 If less than one day ____ hr. ____ min.
9. Birthplace: Morgan Co. (City, town, or county) Mo U (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name:
FATHER 13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Wolf
MOTHER 15. Birthplace: Morgan Co (City, town, or county) Mo U (State or foreign country)
16. (a) Informant: Record
(b) Address:
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation:
18. (a) Signature of funeral director: Phillips Funeral Home
(b) Address: Eldon, Mo.
19. (a) 1-23-42 (Date received local registrar) (b) Jane Marshall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1942 hour 11 minute 25 P. M.
21. I hereby certify that I attended the deceased from 1-1-, 1942, to 1-21-, 1942, that I last saw her alive on 1-31-, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Perforated Ulcer of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 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:
(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?
(e) Means of injury:
23. Signature: George [illegible] (M. D. or other) M.D.
Address: Fulton Mo. Date signed 1-22-42

1147 (Licensed Embalmer's Statement on Reverse Side)

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 No 1187

Licensed Embalmer No. W. A. Phillips

P. O. Address Eldon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.