

FILED APR 25 1942
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Registration District No. Primary Registration District No. 1002 Registrar's No. 1257

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

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 St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 15 yrs.

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. 4445 Spruce Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mr. Henry Harmon Wolkey

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar 25
1942 to Apr 4 1942

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

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

6. (b) Name of husband or wife Mrs. Alice Jane Trout Wolkey 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased May 5 1860
(Month) (Day) (Year)

Immediate cause of death. 3 days
Due to Memoria
Carcinoma of prostate

Due to SIB

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

8. AGE: Years Months Days If less than one day

81 10 19 30 hr. min.

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

10. Usual occupation Retired Employee

11. Industry or business R.R.

Major findings: Of operations none

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Barnhardt Wolkey

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

14. Maiden name unknown

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

16. (a) Informant Joseph H. Wolkey
(b) Address 5132 Webeash

17. (a) Burial (b) Date thereof Apr. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 4-6-42 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature D. Ruman, M.D. (M. D. or other)
Address 311 Argyle Bldg Date signed 4/2-42

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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 C. Hervey Duesenberg
Licensed Embalmer No. 4070
P. O. Address K C 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.