

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 43

1. PLACE OF DEATH

(a) County Shelby

(b) City or town Keokuk, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McFarland Memorial
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon

(c) City or town Midbridge
(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 Mrs Syble Seine Wolf

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 20, year 1942, hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 16th 1942 to March 20 1942 that I last saw her alive on March 20 1942 and that death occurred on the date and hour stated above.

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

(b) Name of husband or wife Samuel Clarence Wolf 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 13, 1916
(Month) (Day) (Year)

Immediate cause of death abcess of the liver following typhoid fever

Due to.....

Due to.....

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

8. AGE: Years 25 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

PHYSICIAN

Major findings:
Of operations /

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Otis Akers

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

14. Maiden name Mary Bell

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

16. (a) Informant Samuel B. Wolf

(b) Address Keokuk Mo

17. (a) Buried (b) Date thereof 3-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Mo

18. (a) Signature of funeral director Will Sam

(b) Address Keokuk Mo

19. (a) 2/20/42 (b) Kella N. Akers
(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)

23. Signature Will Sam (b) Keokuk Mo
(City or town) (State or other)

Address Keokuk Mo Date signed.....

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..... *S. L. Muel*

Licensed Embalmer No..... *3397*

P. O. Address..... *Rolla, 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.