

FILED AUG 19 1942

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Kansas** **Jackson City**
(b) City or town **Jackson City**
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 mos & 2 days**
(Specify whether) **unknown**
In this community **unknown**
years, months or days

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. **6806 Winner Road**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Edward Wolfe**

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

4. Sex **Male** 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 **1889** years

7. Birth date of deceased **Jan. 25th** (Month) (Day) (Year)

8. AGE: Years **58** Months **6** Days **20** If less than one day hr. min.

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

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER { 12. Name **Barney Wolfe**
13. Birthplace **Ohio**
14. Maiden name **Marie Girard**
15. Birthplace **Ohio**

16. (a) Informant **Record Clerk**

(b) Address **K.C. General Hospital**

17. (a) **Removal** (b) Date thereof **8-15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pittsburg, Kans.**

18. (a) Signature of funeral director **Edw. Bros. Funeral Home**

(b) Address **4416 Minnie Ave.**

19. (a) **8-15-42** (b) **W. B. Orme**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **15th**
year **1942** hour **9** minute **05** A.M.

21. I hereby certify that I attended the deceased from **5-13-42** to **8-15-42**
that I last saw him alive on **8-15-42**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF LIP**

Due to **45a**
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **None**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **John P. Thom** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** 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 Orville H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City, 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.