

FILED OCT 5 1942

Registration District No. **149**

Primary Registration District No. **1002**

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:
2444 Monroe Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **50 Years**
(Specify whether 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. **2444 Monroe Avenue**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country. **---**

3. (a) PRINT FULL NAME **Mr. Fred Webber Woolf**
 (b) If veteran, name war. **No** (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. Minnie Woolf** 6. (c) Age of husband or wife if alive **52 years**
 7. Birth date of deceased **January 6 1883**
(Month) (Day) (Year)

8. AGE: Years **59** Months **8** Days **15** If less than one day **hr. min.**

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

10. Usual occupation **Traffic Patrolman**

11. Industry or business **K. C. Police Department**

MOTHER FATHER { 12. Name **Adam Woolf**
 13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Ruth Mersell Driver**
 15. Birthplace **Nashville Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Brad W. Woolf Jr.**
 (b) Address **1026 North 7th**

17. (a) **Burial** (b) Date thereof **Sept. 23, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Mt. Washington Cemetery**

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

19. (a) **9/22/42** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21st**
 year **1942** hour **5** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **August 17**
 19**42**, to **Sept. 21, 1942**
 that I last saw him alive on **Sept. 21, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Dilatation of heart**

Due to **Myocardial Degeneration 2 mo.**

Due to **Diabetes Mellitus 2 years**

Other conditions **6/1**
(Include pregnancy within 3 months of death)

PHYSICIAN
 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? **Yes** (Specify type of place) Means of injury **Car**
 23. Signature **J. H. Thompson** (M.D. or other) **D.O.**
 Address **3800 E 27th, K.C. Mo.** Date signed **9-22-42**

3800 E. 27th & Abell

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 *J. Virgil Herrick*
Licensed Embalmer No. *3599*
P. O. Address *X.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.