

FILED OCT 20 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:
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 days
(Specify whether
In this community 52 yrs.
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. 4447 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flo Wolf

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

4. Sex fe 5. Color of race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Wm. Wolf 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased May 2, 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 27 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. W. Wolfe

(b) Address 4447 Brooklyn

17. (a) Burial (b) Date thereof 10-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director H. T. Lightman

(b) Address K.C. Mo.

19. (a) 10/2/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th
year 1942 hour 5:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 9-29-42, 19____, to 9-29-42, 19____;
that I last saw h. er alive on 9-29-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Severe anemia and jaundice—cause undetermined.

Due to _____
Due to 125 B⁺

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

Major findings: Of operations _____
Of autopsy None

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 Wm. R. Shaw (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed _____

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

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 Francis Walton, Registered Apprentice No. 2244 working under my personal supervision.

Signed

J. K. Tegeman

Licensed Embalmer No. 2244

P. O. Address 1600 Maso

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.