

Registration District No. 128

Primary Registration District No. 5466

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Clever Rural S. Lamp  
(If outside the city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Clark Osteopathic 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian  
(c) City or town Clever Rural Routes  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location) no  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME

RHODA-LUE-WOLF

(b) If veteran, name war NO

(c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased December 6 1930  
(Month) (Day) (Year)

8. AGE: Years 12 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation School girl

11. Industry or business

12. Name Rhoda Wolf

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

14. Maiden name Blades Maple

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

16. (a) Informant Father, Geo. Wolf

(b) Address Clever Mo

17. (a) Burial (b) Date thereof Dec. 9, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware Cem.

18. (a) Signature of funeral director William Maple  
(b) Address Clever Mo

19. (a) 12-9-42 (b) W. W. Handley  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 7  
year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from September 24, 1942, to December 7, 1942, that I last saw her alive on December 7, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Sub acute Bacterial Endo Carditis Duration 13 days

Due to Diphtheria

Due to

Other conditions (include pregnancy within 3 months of death) 10

Major findings: Of operations

Of autopsy

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?

(Specify type of place) (e) Means of injury

23. Signature D. Val B. Jones (M.D. or other) D.O.

Address Clever, Mo Date 12/8/42

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

9  
1  
1

---

---

**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.W. Maples  
Licensed Embalmer No. 2985  
P. O. Address Clever, 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.**

X