No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1402

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 63

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4301 St John
(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)
In this community: 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 4301 St John
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Nellie E. Wolfe
3. (b) If veteran, name war: --
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Cornelius D. Wolfe
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: April (Month) 19 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
74	8	16	hr. min.

9. Birthplace: Liberty (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Homemaker
11. Industry or business: Self.
FATHER 12. Name: David Bourk
13. Birthplace: Ireland (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name: Catherine Portley
15. Birthplace: Ireland (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Miss Florence Mitchell
(b) Address: 4301 St John K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 8-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt St Marys Cemetery
18. (a) Signature of funeral director: Sheil Funeral Home
(b) Address: 6606 Indep. Ave. K.C.Mo.
19. (a) 1-6-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1943 hour 11 minute 45 P M.
21. I hereby certify that I attended the deceased from December 30, 1942, to January 5, 1943, that I last saw her alive on January 5, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Central thrombosis	6 days
Chronic syphilitis	6-7 yrs.
Due to: Generalized arteriosclerosis	6-7 yrs.
Due to: 131 B	
Other conditions (Include pregnancy within 3 months of death): Bronchio-pneumonia	5 days

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): No.
(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)
While at work? — (e) Means of injury: —
23. Signature: Ruth A. Hardacre (M. D. or other)
Address: 715 Argyle Bldg. K.C., Mo. Date signed: 1/6/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ruth Hardacre
Argyle Bldg.

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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 John P. Sheil

Licensed Embalmer No. 3625

P. O. Address K 6 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.