

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JUL 19 1943

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **2986**

Registration District No. **149** Primary Registration District No. **1002**

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: General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
 In this community 10 Years

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. 610 W. 12th (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John M. Wolf

3. (b) If veteran, name war No 3. (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 Sophia B. 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 8, 1870
 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Oil Well Driller

11. Industry or business Retired

MOTHER FATHER { 12. Name Abram W. Wolf
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Lee Wolf
 (b) Address Salem, Oregon.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 6, 1943
 (Month) (Day) (Year) (c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Mo.

19. (a) 7-5-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
 year 1943 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 22, 1943 to June 28, 1943
 that I last saw him alive on June 28, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary infarction

Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy See above

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? _____

23. Signature D. E. Brown (M. D. or other) _____
 Address _____ (Specify type of place) (e) Means of injury _____
 Date signed _____

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

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..... *H. O. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *K. 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.