No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37535

FILED DEC 3 1943

Registration District No. 119

Primary Registration District No. 1002

Registrar's No. 4879

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: 3557 Genessee /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether

In this community: 40 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson, 3

(c) City or town: Kansas City, 5

(If outside city or town limits, write "RURAL")

(d) Street No.: 3557 Genessee

(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: x 0

3. (a) PRINT FULL NAME: Edgar Ogdon Wolfe,

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: / Married

6. (b) Name of husband or wife: Mrs. Lydia Wolf

6. (c) Age of husband or wife if: about 60 years

7. Birth date of deceased: August (Month) 21 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	27	hr. min.

9. Birthplace: Illinois, (City, town, or county) / (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Railroad

FATHER
12. Name: Charles Edward Wolfe
13. Birthplace: Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Elizabeth Davis,
15. Birthplace: Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lydia Wolfe,

(b) Address: 3557 Genessee, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 11-18-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 18th year: 1943 hour: minute: a. M.

21. I hereby certify that I attended the deceased from Aug. 9, 1943, to Nov. 18, 1943 that I last saw him alive on Nov. 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Passive Congestion	
Due to (1) Myocarditis with Bundle branch Block	
Due to (2) Cerebral Thrombosis	
Other conditions (Include pregnancy within 3 months of death)	
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)

While at work? (e) Means of injury

23. Signature: J. W. [illegible] (M. D. or other) MD

Address: N. K. C. Date signed: 11-15-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Webb, Norclay 4220
Community Bldg.

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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.