

FILED JAN 5 1944/49

State File No. _____
Registrar's No. 5474

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lakeside Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week.
(Specify whether years, months or days)

In this community 2 Weeks

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County 14

(c) City or town Shawnee Kansas
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mrs. Maud WOLF.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Sim V. Wolf. 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased August 26th, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name John Gilson

13. Birthplace Unknown
(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 Mrs. Vivian McMahan

(b) Address 3431 Robert Gillham Rd.

17. (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Overland Park Kansas

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 12-22-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st
year 1943 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from 12-14
1943, to 12-21, 1943
that I last saw her alive on 12-21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Chronic Myocarditis
Due to _____
Due to _____

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

Major findings: 93d
Of operations: _____

Of autopsy: _____

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 L. J. Graham (M.D. or other) 20

Address 811 Chambers Bldg Date signed 12-22

Duration 48 hrs

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 Russell W. France
Licensed Embalmer No. 4255
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.