DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 '44

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1974

Registration District No. 15 | Primary Registration District No. 5072 | Registrar's No. 61

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Rural, Newport Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton
(c) City or town: Lamar R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Elsie Mae Wolfe
3. (b) If veteran, name war: ____
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: John .W.Wolfe
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: April 28th, 1905 (Month) (Day) (Year)
8. AGE: Years 38 | Months 7 | Days 22 | If less than one day ____ hr. ____ min.
9. Birthplace: Burlingame, Kansas (City, town, or county) / (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____
FATHER 12. Name: J.R.Miller
FATHER 13. Birthplace: ____ (City, town, or county) Kansas / (State or foreign country)
MOTHER 14. Maiden name: Edna Himes
MOTHER 15. Birthplace: ____ (City, town, or county) Kansas / (State or foreign country)
16. (a) Informant: John.W.Wolfe
(b) Address: Lamar, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Newport Cemetery
18. (a) Signature of funeral director: River Funeral Home
(b) Address: Lamar, MO.
19. (a) 12/22/43 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 22nd year: 1943 hour: 9 minute: 15 A.M.
21. I hereby certify that I attended the deceased from Dec-12, 1943 to Dec-22, 1943 that I last saw her alive on Dec-20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Rt. breast - metastatic to Rt. lung
Due to: She was treated at Ellis Hospital in Columbia Mo. about 6 months ago
Other conditions (Include pregnancy within 3 months of death): 50
Major findings: Of operations: ____ Of autopsy: ____

Duration

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: C. E. Ducett (M.D. or other) MD
Address: Lamar Mo. Date signed: 12-22-1943

1174 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING INK

RECEIVED
District Health Officer No. 6,
District File Number 144-108
Date Filed JAN 27 1944

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 R. W. River

Licensed Embalmer No. 3141

P. O. Address Lamar Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.