

1-13-40  
-17-39  
X23159

FILED JAN 25 1944  
Registration District No. 28

Primary Registration District No. 2000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution Burge Hospital  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS <sup>107</sup>

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME Robert Bruce Wolford

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE 5. Color or Race White

6. (a) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased December 7th 1943  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 30 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation BABY

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mr Doc William Wolford

13. Birthplace TORONTO MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name SEAN BURRIS

15. Birthplace DAWNEE MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sean Wolford

(b) Address HOUSTON, MO. RURAL #1

17. (a) Burial (b) Date thereof 1-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, MO

18. (a) Signature of funeral director Alvin [unclear]

(b) Address Springfield, MO

19. (a) 1-7-44 (b) B. W. Standley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 6th  
year 1944 hour 3 minutes 15 P. M.

21. I hereby certify that I attended the deceased from Jan 5 1944 to Jan 6 1944  
that I last saw her alive on Jan 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Cerebral Defect

Due to Perinatal Birth

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 159

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? \_\_\_\_\_

23. Signature Ad [unclear] (M. D. or other) \_\_\_\_\_

Address Springfield MO Date signed 1/7/44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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..... *Lewis G. Scharpf*.....  
Licensed Embalmer No. *3/8/02*  
P. O. Address..... *Springfield, Mo.*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**  
**If this body is not embalmed, fact should be so stated above.**

*X*