

FILED JUL 20 1944

Registration District No. _____

Primary Registration District No. 5063

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Liberal Rural (B. Co.)
(If outside city or town limits, write "RURAL" and name of township)
Imp
(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 1
years, months or days (Specify whether)
In this community 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Liberal, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 1/2 mi. N.E. of Liberal
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

August Wolf

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fredericke Wolf

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased July (Month)

15 (Day) 1851 (Year)

8. AGE:

Years

Months

Days

If less than one day

86

8

26

hr. min.

9. Birthplace

Weathershausen Germany
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer (Retired)

11. Industry or business

own farm

12. Name

Martin J. Wolf

13. Birthplace

Germany
(City, town, or county) (State or foreign country)

14. Maiden name

Sophia Paul

15. Birthplace

Germany
(City, town, or county) (State or foreign country)

16. (a) Informant

Herman Wolf

(b) Address

Gantha, Mo. R.R.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

6-14-1944
(Month) (Day) (Year)

(c) Place: burial or cremation

Barton City Cemetery

18. (a) Signature of funeral director

J. M. Sweeney

(b) Address

Mulberry Kansas

19. (a) 6/19/44

(Date received local registrar)

(b) Blanche Sackey

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1944 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 1943
to June 11 1944;
that I last saw him alive on June 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured hip Duration _____

Due to Senility

Due to 18

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings: Fractured right hip

Of operations _____

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 006

(b) Date of occurrence Dec 1943

(c) Where did injury occur? At his home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In center of living room he fell

While at work? No (Specify type of place)
(a) Means of injury Felton floor

23. Signature J. J. Eldredge (M. D. or other)
Address Liberal Mo Date signed 6/17/44

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

600

12/10

RECEIVED

District Health Officer No. 6,

District File Number 744-833

Date Filed JUL 13 1957

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 J. M. Berkeley

Licensed Embalmer No. 2336

P. O. Address Mulberry Lane

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.