S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1945

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1830

Primary Registration District No. 5143

Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff Rural Butler Co. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
4 mi East ½ Mi North Highway 60
(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): 1

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler 12

(c) City or town: Rural 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Birt Wolfe

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

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

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

7. Birth date of deceased: April (Month) 7 (Day) 1880 (Year)

8. AGE: Years 64 | Months 9 | Days 8 | If less than one day: hr. min.

9. Birthplace: Osage County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Ammon Wolfe

13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name: Ellen Siece

15. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mrs. Wolfe

(b) Address: Rural Poplar Bluff

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 17 45 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashhill

18. (a) Signature of funeral director: Frank - Cotrell

(b) Address: Poplar Bluff Mo

19. (a) 1-19-45 (Date received local registrar) (b) Belle Shinn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1945 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Stomach	8 months
Due to	
Due to 46	
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: Geo W Green (M. D. or Coroner)

Address: Poplar Bluff Mo Date signed 1-16-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 245-190
Date Filed 2-7-45

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.

Not Embalmed

Signed Grover W Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.