

FILED AUG 4 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
2003 East 36 th, Street Kaansas City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 65 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2003 East 36 th, Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR S. WOLFROM

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 st
year 1945 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from 20 July 1945
to 21 July 1945

that I last saw h. in alive on 20 July 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jessie M. Wolfrom

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

7. Birth date of deceased June 22, 1872
(Month) (Day) (Year)

Immediate cause of death Stomach neoplasm Duration 3 mos

Due to Carcinoma Stomach neoplasm 3 yrs

Due to _____

8. AGE: Years Months Days If less than one day

73	0	29	hr. _____ min.
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Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Insurance Agent

12. Name Andrew Wolfrom

13. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Harriet Dairo

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. James L. Middlebrook

(b) Address 2003 East 36 th, Street K.C.

17. (a) Burial (b) Date thereof 7/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery
Melody-McGilley-Eyler

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

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 7-21-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

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 Thomas P. Ralt (M. D. or other) MD

Address 7603 E 31st St Date signed 21 July 45

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.....

Chas E Wilks

Licensed Embalmer No. *2644*

P. O. Address *Kansas City 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.