

FILED MAY 7 1946

Registration District No. 23

Primary Registration District No. 5291

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Union Liberty Mo
(c) Name of hospital or institution: I.O.O.F Home Hosp. 5
(d) Length of stay: In hospital or institution 2 yrs
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Union Liberty
(d) Street No. 2007
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MARIL ANN WOLFE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mr. Wolfe 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Dec. 23 1858

8. AGE: Years 87 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Bloomfield Ohio

10. Usual occupation Home wife

11. Industry or business

MOTHER FATHER { 12. Name Daniel Ely
13. Birthplace Canada
14. Maiden name Elyza Pandford
15. Birthplace Conn

16. (a) Informant J. C. Thurman

(b) Address 9005 Home Liberty Mo

17. (a) Burial (b) Date thereof Apr. 10 1946

(c) Place: burial or cremation Mound Lane Independence Mo

18. (a) Signature of funeral director Stanley W. Winters

(b) Address 2 Liberty Mo

19. (a) April 9 46 (b) Minnie Haynes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1946 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Mar 2 1942 to Apr 8 1946
that I last saw her alive on Apr 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis Duration 15 yrs

Due to ✓
Due to ✓

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

Major findings: Of operations ✓
Of autopsy ✓ 97

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? ✓
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Bugston Malley (M. D. or other) M.D.
Address Liberty Mo Date signed 4-9-46

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

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 5-6-46.....

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 Edgar Archer.....

Licensed Embalmer No. 3311.....

P. O. Address Liberty, 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.