

FILED AUG 21 1946
27

Registration District No. 27 Primary Registration District No. 3005

1. PLACE OF DEATH: Bates

(a) County Bates

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

(c) Name of hospital or institution: 802 N. WATER ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. 802 North Water Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Wolf

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 1 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1946 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from January 16, 1946 to Aug 11, 1946
that I last saw her alive on Aug 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration D

Chronic generalized arterio-sclerosis
Chronic Myocarditis

Due to Chronic Myocarditis

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 77 Months 10 Days 10 If less than one day hr. _____ min.

9. Birthplace Adams County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Leonard Wolf
13. Birthplace Germany 4
14. Maiden name Mary Teets
15. Birthplace Penn. 1
16. (a) Informant Fred Wolf
(b) Address Butler Missouri

17. (a) Burial (b) Date thereof 8/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler Missouri

19. (a) 8-14-46 (b) Hendell Kersey
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 930
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? No

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

23. Signature Culver Underwood (M. D. or other) M.D.
Address Butler Mo Date signed 8/13/46

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

25000

RECEIVED
Missouri State Board of Health
Certificate No. 78
Date Filed 7-16-87
8-20-76

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 John H. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler Missouri

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.