

No. 2  
-12-45  
5-17-39  
X47070

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

FILED JUN 17 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2434

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:  
3238 Wabash  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 33 years  
years, months or days

3. (a) PRINT FULL NAME Mrs. Lorello M. Woolfolk

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Lewis Thompson Woolfolk

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

7. Birth date of deceased April 25 1859  
(Month) (Day) (Year)

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

88 1 6 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

MOTHER FATHER

11. Industry or business X

12. Name Matheny

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

14. Maiden name Ringo

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

16. (a) Informant Charles L. Woolfolk

(b) Address 3238 Wabash, Kansas City, Mo.

17. (a) burial (b) Date thereof 6-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-3-47 A. Geraldine Holmea  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 3238 Wabash 8  
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1947 hour 3:35 minute A. M.

21. I hereby certify that I attended the deceased from 5/25/47  
6/1, 1947, to 6/1/47, 1947  
that I last saw her alive on 6/1/47, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Failing heart Duration  
Stenosis

Due to Fracture hip Feb. 47

Due to \_\_\_\_\_

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

Major findings:  
Of operations 180°  
18

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) Accident

(b) Date of occurrence Dec. 47. 123

(c) Where did injury occur? Home - N. C. Jackson, Mo.  
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Walter Harrison (M. D. or other)  
Address 1132 Prof. Bldg Date signed 6/2/47

Dr. Holbrook . *Carlyle B. B. B.*

**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. Clair Stappard*  
Licensed Embalmer No. *4179*  
P. O. Address *K-C. Ind.*

**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.