

FILED JUL 10 1947

Registration District No. **76**

Primary Registration District No. **3026**

Registrar's No. **193**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 weeks**
(Specify whether years, months or days)
 In this community **since 1922**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Independence** **4**
(If outside city or town limits, write "RURAL")
 (d) Street No. **822 North Main** **4**
(If rural, give location)
 (e) Citizen of foreign country? **No.** **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **William Herman Wulfekammer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mary Olinda** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 27 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	3	17	hr. _____ min.

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

10. Usual occupation **farmer - retired**

11. Industry or business _____

12. Name **Fred Wulfekammer II**

13. Birthplace **Hesse Cappel Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Frederick Stolke**

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

16. (a) Informant **Mrs. W.H. Wulfekammer**

(b) Address **822 North Main, Independence**

17. (a) **Burial** (b) Date thereof **June 15 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlaw n Indep Mo**

18. (a) Signature of funeral director **Ott & Mitchell**

(b) Address **310 N. Main St Independence Mo**

19. (a) **6-16-47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**
 year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **April 17 1947**, to **June 14 1947**;
 that I last saw him alive on **June 14 1947**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary insufficiency**
 Duration **2 hrs.**

Due to _____

Due to _____

Other conditions **Rt Hemiplegia**
(Include pregnancy within 3 months of death)

due to **Central hemorrhage**
 Major findings: _____

Of operations _____
 Of autopsy **95**

Duration

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? _____

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

23. Signature **Chas. H. [Signature]**
 Address **Independence Mo** Date signed **6-17-47**

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

MOTHER FATHER

SEP 14 1950

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 Henry Mitchell

Licensed Embalmer No. 5925

P. O. Address Indep. 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.