

U.S. No. 300  
OM-10-47  
Rev. 5-17-39  
I 3906

8974

FILED MAR 27 1948  
Registration District No. 49

Primary Registration District No. 1002

1223

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

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:  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks  
(Specify whether)

In this community 26 years  
(years, months or days)

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. 1614 East 42nd Street  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM C WOLF

3. (b) If veteran, name war No

3. (c) Social Security No. 495-09-4483

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marguerite Wolf

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 13 1888  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day March  
year 1948 hour 12:00 minute P M.

21. I hereby certify that I attended the deceased from Feb. 48 to 3-13-48  
that I last saw alive on 3-13-48  
and that death occurred on the date and hour stated above.

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

59 9 0 hr. min.

Immediate cause of death Intestinal Obstruction

Due to Cancer of sigmoid

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

Other conditions (include pregnancy within 3 months of death) 410 A

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

10. Usual occupation Mechanic

11. Industry or business City Ice

12. Name Charles H Wolf

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

14. Maiden name Nancy A Smith

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

Major findings: Cancer of sigmoid

Of operations Sigmoid

Of autopsy Langueuse  
small bowel

16. (a) Informant Mrs Marguerite Wolf

(b) Address 1614 East 42nd

17. (a) Burial (b) Date thereof 3/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Derek + Robin

(b) Address 20 West Linwood

19. (a) 3-17-48 (b) Deraldine 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury D

23. Signature Clyde Smith (M. D. or other) \_\_\_\_\_

Address 3720 W. 42nd Date signed 3/17/48

---

---

**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 Howard W Farmer

Licensed Embalmer No. 4134

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.**