

National Office of Vital Statistics

**FILED APR 6 1948 6**

Registration District No. ....

Primary Registration District No. **2001**

Registrar's No. ....

**1. PLACE OF DEATH:**

(a) County **Jasper**  
(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether)

In this community ..... years, months or days

3. (a) PRINT FULL NAME **Grace English Wolf**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

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

7. Birth date of deceased. **(October) 24 1877**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**71 4 9** hr. min

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

10. Usual occupation **at home**

11. Industry or business

12. Name **Robert Benton English**

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

14. Maiden name **Unknown**

15. Birthplace " **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Lloyd Stewart**

(b) Address **Rt. # 4 Joplin**

17. (a) **Burial** (b) Date thereof **May 7, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paternalle Cem.**

18. (a) Signature of funeral director **W. H. Cityland Co.**

(b) Address **North City, Mo.**

19. (a) **3-7-48** (b) **Robert English**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **# 074**  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **5**  
year **1948** hour **9:15** minute **0** M.

21. I hereby certify that I attended the deceased from **2-3-48**  
....., 19....., to **3-4-48**, 19.....;  
that I last saw her alive on **3-7-48**, 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decapitation**  
Due to **Hypertensive heart dis.**

Due to **hypertension**

Other conditions **Cerebral hemorrhage & E. Kaufplogia**  
(Include preterrors within 3 months of death)

Major findings: **E. Kaufplogia**

Of operations: **937**

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? ..... (Specify type of place)

While at work? **0**  
(a) Signature **Eugene Hamilton** M.D. or other) **MD**  
(b) Address **Joplin** Date signed **3-8-48**

Duration **2 weeks**

**7 yrs**

**6 yrs**

**South**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

119  
2  
5

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 D Ross Blandford

Licensed Embalmer No 4015

P. O. Address Webb 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.