

No. 2
5-43
-17-39
X36871

FILED NOV 6 1948

Registration District No. **49**

Primary Registration District No. **1002**

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. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 Weeks**
(Specify whether years, months or days)

In this community **7 Weeks**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alva Best Wolfe**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs Maggie Wolfe**

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

7. Birth date of deceased **Feb. 18, 1864**
(Month) (Day) (Year)

8. AGE: Years **84** Months **8** Days **3**
If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **K.C. Southern R.R.**

MOTHER FATHER

12. Name **Unknown Wolfe**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. James F. Rogers**

(b) Address **Independence, Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **10/22/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mena, Arkansas**

18. (a) Signature of funeral director **Echternacht FUNERAL HOME**

(b) Address **1900 Central Ave. K.C. Kansas**

19. (a) **10-22-48** (Date received local registrar) (b) **Sheraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Polk**

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21,**
year **1948** hour **6:30 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **9-6-48 to 10-21-48**
that I last saw him **im** alive on **10-21-48**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **pericarditis of prostate & periurethral** Duration _____

Due to **pericarditis obstruc**

Due to **acute infection**

Other conditions **5/8**
(Include pregnancy within 3 months of death)

Major findings: Of operations **0**

Of autopsy **0**

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) **no**

(b) Date of occurrence **0**

(c) Where did injury occur? **0**
(City or town) (County) (State)

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

23. Signature **D. W. Miller** (Specify type of place) **0**
(M. D. or other)

Address **800 Argyle Way** Date signed **10-22-48**

*As witness
myself B. L. G.*

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

Harold B. Eckert

Licensed Embalmer No. 3035

P. O. Address. 1900 Central

Kansas City, Kan.

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.