FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36968

FILED DEC 6 1948

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 4259

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: THE CHILDREN'S MERCY Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 MONTH (Specify whether years, months or days)
In this community: 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: Morgan
(c) City or town: FLORENCE (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No.: STAR ROUTE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MARVIN EDMUND WOLFRUM
3. (b) If veteran, name war: X X
3. (c) Social Security No.: None
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: X X
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 24 (Day) 1935 (Year)

8. AGE: Years 13 Months 3 Days 25 If less than one day: hr. min.
9. Birthplace: Bonneville (City, town, or county) (State or foreign country)
10. Usual occupation: CHILD
11. Industry or business:
MOTHER FATHER
12. Name: JOSEPH E. WOLFRUM
13. Birthplace: CALIFORNIA, MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name: AMELIA REHKOP
15. Birthplace: CONCORDIA, MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant: PARENTS
(b) Address: FLORENCE, MISSOURI
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cem. California Mo
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: K. C. Mo
19. (a) 11-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18 year 1948 hour 1 minute 05 P.M.
21. I hereby certify that I attended the deceased from 11-18, 1948, to 11-18, 1948, that I last saw alive on 11-18, 1948, and that death occurred on the date and hour stated above.

Pathologist

Immediate cause of death	Duration
Hodgkins Disease	8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 445
Of autopsy: Lesions of bone

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: E.C.H. Schmidt (M. D. or other)
Address: St. Luke's Hosp. Date signed: 11-18-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 6 1948

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 Alvin R. Hauschild

Licensed Embalmer No. 4159

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.