

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23049**

No. 300  
10-48

**FILED JUL 20 1949**

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5449</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Gentry</u>		b. STATE <u>Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>King City R.R.</u>		d. STREET ADDRESS (If rural, give location) <u>000</u>	
d. CITY (If outside corporate limits, write RURAL and give township) <u>King City R.R.</u>		c. LENGTH OF STAY (In this place) <u>All Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>38</u>		d. STREET ADDRESS (If rural, give location) <u>000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parish Home Lowery Allen Wolford</u>				d. STREET ADDRESS (If rural, give location) <u>000</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Lowery</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Wolford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 28, 1858</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abraham Wolford</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah C. Treyher</u>			14. NAME OF HUSBAND OR WIFE <u>Anna B.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Wolford King City Mo. R.R.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PARALYSIS AGITANS</u>				<u>Approximate 20 yrs.</u>	
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				<u>350A</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>November, 1939</u> , to <u>June 30, 1949</u> , that I last saw the deceased alive on <u>June 27, 1949</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree title) <u>Earl Wolford M.D.</u>				23b. ADDRESS <u>King City Mo.</u>		23c. DATE SIGNED <u>7.2.49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 31-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edith Childs</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. J. Taggart - King City Mo.</u>			

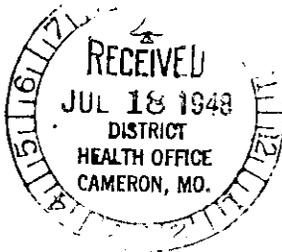
(Licensed Embalmer's Statement on Reverse Side)

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

300

DEC 13 1949

DEC 21 1949



JUL 29 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*R. G. Tappan*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King 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.