

REC'D APR 23 1938

B. of H.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9844  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1309  
 (c) City Kansas City, Mo. (d) Street No. 1611 Oakley Avenue, K. C. Mo. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lottie Wolfe, 1110

(a) Residence, No. 1611 Oakley Avenue, K. C. Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Wm. Wolfe,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5th, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 6 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Iowa

13. NAME Henry Halterman

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Iowa

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) No Record

17. INFORMANT James Wm. Wolfe,  
 (ADDRESS) 1611 Oakley Avenue, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE 26th, 1938

19. FUNERAL DIRECTOR Mrs C. L. Forster,  
 (ADDRESS) 918 Brooklyn Avenue, K.C.Mo.

20. FILED Mon 24 9 38 M. M. Crowne  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mich. 24th, 1938

22. I HEREBY CERTIFY That deceased died from \_\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis  
Diffuse myocardial scarring  
Edema of the lungs  
 Other contributory causes of importance: 94B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Geo

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Walter B. Butler, M. D.  
 (Address) San Diego, N.C. Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I. X12004

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**