

DEC 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38675
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas City (d) Street No. Research Hospital 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.

Registered No. 4429

2. PRINT FULL NAME 410 Cornelia S. Wolfe

(a) Residence, No. 5407 Garfield St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Austin D. Wolfe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 5 16

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

12. BIRTHPLACE (CITY OR TOWN) Mauch Chunk
(STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME Paul R. Weitzel
14. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Frances Eben Boyd
16. BIRTHPLACE (CITY OR TOWN) No record
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ned S. Edwards
(ADDRESS) 5407 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville, Mo. DATE Nov. 21 1939

19. FUNERAL DIRECTOR (NAME) Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED Nov 20, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1937 to Nov. 19, 1939, 19.....
I last saw h. alive on 11/18/39, 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
General carcinomatosis,

Other contributory causes of importance:
Carcinoma of Ovary (?)

Name of operation Paracentesis only Date of 2 yrs.
What test confirmed diagnosis? Necropsy Was there an autopsy? yes

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? NO
If so, specify (Address) Kansas City, Mo.

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.

WHOLEY PATENT, WITH IMPROVING THEREIN THIS IS A TRADEMARK RECORD

I X18603

W. A. Myers
Before 1 - after 2
Shubert Body

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.....

Harlyn Roe

Licensed Embalmer No. *2810*

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, above space should be left blank.