DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22178

JUL 12 1940

Registration District No. 494 — Primary Registration District No. 3025 — Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McLarney Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days)

In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn

(c) City or town: Brookfield (If outside city or town limits, write "RURAL")

(d) Street No.: 408 S. Market (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: CATHERINE WOLFE

3. (b) If veteran, name war: ____

3. (c) Social Security No.: None

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: James E. Wolfe

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: Feb. (Month) 10 (Day) 1868 (Year)

8. AGE: Years 72 | Months 3 | Days 21 | If less than one day: ____ hr. ____ min.

9. Birthplace: Chariton County (City, town, or county) - Mo (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ____

FATHER
12. Name: Rudolph Pfister
13. Birthplace: Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Bohlander
15. Birthplace: Hinsdale (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature: Hazel Nagel
(b) Address: Brookfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 3 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill Cem - Brookfield

18. (a) Signature of funeral director: Hill Funeral Chapel
(b) Address: Brookfield

19. (a) June 3 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5/10, 1940 to 5/31, 1940 that I last saw h. alive on 5-31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	3 da
Due to: Chr. interstitial nephritis, Hypertension	
Due to: Arteriosclerosis	2 yrs

Other conditions: 0
(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): 0
(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? 0 (Specify type of place)
While at work? 0 (e) Means of injury: 0

23. Signature: [illegible] (M. D. or other)
Address: [illegible], Mo Date signed: 6/3/40

(Licensed Embalmer's Statement on Reverse Side)

WHITE FABRIC—USE UNFADING BLACK INK—MAKE 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.

X19511

RECEIVED
District Health Officer No. 11
District F 740-986
Date JUL 2 1940

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 J. R. Blacklock, Registered Apprentice No. ..... working under my personal supervision.

Signed J. R. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Ill

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.