

Registration District No. 213

Primary Registration District No. 5293

1. PLACE OF DEATH:

~~WED~~ SEP 10 1940

(a) County Cole
(b) City or town Rural #3, Jefferson Township
(c) Name of hospital or institution: R.F.D.#3
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 68
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town R.F.D.#3, Jefferson City, Mo
(If outside city or town limit write "RURAL")
(d) Street No. R.F.D.#3
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1940 hour 22 minute W.M.

21. I hereby certify that I attended the deceased from 1-10 1930, to 8-4 1940;
that I last saw him alive on 8-2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia *Duration* 3 days

Due to Chronic Endocarditis 4 yrs

Due to arteriosclerosis 10 yrs

Other conditions Chronic Myocarditis 4 yrs
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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) _____
(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? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature D. V. Gillham (M. D. or other) _____
Address Jefferson City Mo. Date signed 8-5-40

3. (a) PRINT FULL NAME Mrs. Elizabeth Wolfrum

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julius Wolfrum 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February 18 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 5 17 hr. min.

9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name ? Leese

18. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Julius Wolfrum

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Aug-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorpe J Gordon

(b) Address Jefferson City, Missouri

19. (a) 8/5/40 (b) D. V. Gillham
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.