No. 2
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17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32816

Registration District No. 668 — Primary Registration District No. 3032 — Registrar's No. 311

**1. PLACE OF DEATH:**

(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Benton
(c) City or town: Warsaw, Mo. Rural (If outside city or town limits, write "RURAL")
(d) Street No. Star Route (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: John S. Wolfe
3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Margie Wolfe
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: Sept. (Month) 29 (Day) 1866 (Year)

8. AGE: Years: 73 Months: 11 Days: 24 If less than one day: ____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation: Farmer 1
11. Industry or business: 9

FATHER
12. Name: William K. Wolfe 9
13. Birthplace: ____ (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name: Susanna Junkins
15. Birthplace: Unkown (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Mrs. J. S. Wolfe
(b) Address: Warsaw, Mo. Star Route.
17. (a) Burial–Removal (Burial, cremation, or removal) (b) Date thereof 9/25/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Raytown, Mo. Booking Cem.
18. (a) Signature of funeral director: Gillespie Funeral Home
(b) Address: Sedalia, Mo.
19. (a) 9-23-40 (Date received local registrar) (b) Mrs. Harry Snell (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept 23 day ____ year 1940 hour 5 minute a - M.
21. I hereby certify that I attended the deceased from Sept 18th, 1940, to Sept 23rd, 1940; that I last saw h— alive on Sept 23, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Stomach Hge from Carcinoma of the Stomach | 3 |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Fracture of Surgical Neck of left femur - Kicked by | |
| Major findings of operations: a Mule | |
| Of autopsy: Yes. Carcinoma Confirmed at Autopsy 9-23-40 6 a.m. — | |

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): Accident yes.
(b) Date of occurrence: About 30 days ago —
(c) Where did injury occur? 8 miles East South of Warsaw Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On this farm — (Specify type of place)
While at work? Yes (e) Means of injury: Mule Kick
23. Signature: Jno B. Carlisle M.D. (M. D. or other) 1
Address: Sedalia Mo Date signed 9-23-40.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number ----------
Date Filed 10-11-28

## 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 L. E. Bandelier

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.**

ABV