

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1518

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2833 Peery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
(Specify whether  
In this community 52 yrs  
years, months or days)

8. (a) PRINT FULL NAME Arnold Wolfert

8. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Ruby Wolfert 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct-16-1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Liveryman & Farmer?

12. Name John Wolfert

13. Birthplace Holland  
(City, town, or county) (State or foreign country)

14. Maiden name Harract Berenschit

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

16. (a) Informant Ruby Wolfert

(b) Address 2833 Peery

17. (a) Burial (b) Date thereof Nov 28-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Man C. L. Foster

(b) Address 918 Brooklyn R. C. 400

19. (a) 11-26-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2833 - Peery  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1940 hour 4 minute 50 a.m.

21. I hereby certify that I attended the deceased from August 13, 1934, to Nov. 26, 1940  
that I last saw him alive on Nov. 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic mitral valveless heart disease

Due to \_\_\_\_\_  
Due to of the

Other conditions renal arterio-sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none reported  
Of autopsy \_\_\_\_\_

Duration  
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 1

23. Signature W. M. Crowe (M. D. or other)  
Address 1124 Professional Bldg Date signed 11/26/40

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

MOTHER, FATHER

*New York State  
Prof Reg  
License*

**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 *Me*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. *2570*

P. O. Address *H. C. 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.)

If this body is not embalmed, above space should be left blank.