

No. 2  
1-13-40  
17-39  
X23159

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1736

State File No. \_\_\_\_\_

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 6

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

PLACE OF DEATH: Boone  
County: B Columbia  
(b) City or town: B Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 407 Ann St 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Doris L. Wolfe

3. (b) If veteran, name war: ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Oct 15 1932  
(Month) (Day) (Year)

8. AGE: 8 Years 7 Months 28 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: School child

11. Industry or business: \_\_\_\_\_

12. Name: Virgil D. Wolfe

13. Birthplace: Boone Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: Carole W. Wolfe

15. Birthplace: Boone Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: Virgil D. Wolfe

(b) Address: 407 Ann St

17. (a) Burial (b) Date thereof: Jan 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Duquoin, Ill.

18. (a) Signature of funeral director: H. J. Meisters

(b) Address: Boonville, Mo

19. (a) 1/13/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Boone

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

(d) Street No.: 407 Ann  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 13  
year: 1941 hour: 7 minute: 9 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date \_\_\_\_\_ hour stated above.

Immediate cause of death: Bacterial Pneumonia  
T.P. Duration: 1 1/2 days

Due to: The child was afflicted from birth with "Little's Disease" Entire cause of death

Due to: from birth

Other conditions: It contained 6 hard bands  
(Include pregnancy within 3 months of death)

Major findings: 87%

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? Y

23. Signature: Walter Sparks B.S.D.O.  
Address: Columbia Mo Date signed: 1/13/41

**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 \_\_\_\_\_

*Paul T. Hackney*

Licensed Embalmer No. \_\_\_\_\_

*3598*

P. O. Address \_\_\_\_\_

*Moberly 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, fact should be so stated above.**