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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1903

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 133

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST-JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH D HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 WEEKS (Specify whether
In this community 14 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BUCHANAN 11 1 7
(c) City or town ST. JOSEPH. (If outside city or town limits, write "RURAL")
(d) Street No. 1707 1/2 ST-JOSEPH-AV. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME NORA-ELIZABETH-WOLFE
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Fem
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Phillip Wolfe
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct. (Month) 16 (Day) 1879 (Year)

8. AGE: Years 61 Months 3 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace ? (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name John Foster
13. Birthplace Unk (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Hester Graves
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)
16. (a) Informant Jennie Wolf R.R.
(b) Address St Joseph Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem
18. (a) Signature of funeral director Roy Stanley
(b) Address St Joseph Mo
19. (a) 2/3/41 (Date received local registrar) (b) H J Mastlebusch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 31 year 1941 hour 11 minute 10:A M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Jan 31, 1941, to ....., 19....; that I last saw ~~her~~ ..... , 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-Carditis. Arteriosclerosis with
Due to Hypertension.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature H F Mundy (M. D. or ~~other~~ Coroner)
Address 404 So 3d st ST. JOSEPH Date signed 1-31-41

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Jan 31 1941 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John H. Shirley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.