

13-2  
7-36

APR 3 1941  
Registration District No. 431

Primary Registration District No. 3023

State File No. \_\_\_\_\_  
Registrar's No. 46

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 200 E. Market  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Louis Ernest Wolf  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. 702-14-5065

4. Sex Male 5. Color or race Wk  
6. (a) Single, widowed, married divorced Widowed  
(b) Name of husband or wife Marie Schenk Wolf  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 21 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Man.

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

MOTHER FATHER  
12. Name Ernest Wolf  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant W. R. Kearf  
(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Mar. 23 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. R. Kearf  
(b) Address Warrensburg Mo.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 200 E. Market  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 21  
year 1941 hour \_\_\_\_\_ minute 2 P. M.

21. I hereby certify that I attended the deceased from Feb 21, 1941, to March 21, 1941;  
that I last saw him alive on March 21, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature W. R. Kearf (M. D. or other) \_\_\_\_\_  
Address Warrensburg Mo. Date signed 3/22/41

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

RECEIVED  
District Health Officer No. 8,  
District File Number 4-2-11  
Date Filed

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*Donald L. Spivey*

Licensed Embalmer No. ....

*3053*

P. O. Address.....

*Warrensburg, Va.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

No. 2  
-4-41  
17-30  
X26390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11099

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 200 E. Market  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis Ernest Wolf  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 21  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death: \_\_\_\_\_ Duration \_\_\_\_\_

8. AGE: Years 74 Months 4 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
10. Usual occupation Retired - Mo. Public Railroad  
11. Industry or business: Bridge Carpenter  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) June 7-1941 (b) Bertie Gentry  
(Date received local registrar) (Registrar's signature)

23. Signature C. S. Johnson (M. D. or other) \_\_\_\_\_  
Address Warrensburg Mo Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-11099

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