

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34013

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3953

048
38

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Vineyard Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community 22 Years 0
years, months or days)

8. (a) PRINT FULL NAME GUY H. WOLFE
8. (b) If veteran, name war X 3. (c) Social Security No. E

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilma A Wolfe 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Sept. 30th, 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months -- Days 22 If less than one day hr. min.

9. Birthplace: Red Cloud Nebraska
(City, town, or county) (State or foreign county)

10. Usual occupation Salesman

11. Industry or business Filling Station Operator

MOTHER FATHER { 12. Name Charles S. Wolfe
13. Birthplace Unknown 9?
(City, town, or county) (State or foreign country)
14. Maiden name Stella Wilson
15. Birthplace Unknown 11
(City, town, or county) (State or foreign country)

16. (a) Informant Wilma A. Wolfe
(b) Address 2619 East 57th Street

17. (a) Removal (b) Date thereof 10-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Francis Kansas

18. (a) Signature of funeral director Melody McGilley

(b) Address Kansas City Missouri

19. (a) 10/23/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City Missouri 2
(If outside city or town limits write "RURAL") 9
(d) Street No. 2619 East 57th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1941 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 15, 1941 to Oct 22, 1941
that I last saw him alive on Oct 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Charley's throat & apparatus was Duration 2 hrs

Due to 12/12
Due to Sing. Throat 24 hrs
Other conditions (Include pregnancy within 3 months of death)

Major findings: Acute inflammation of appendix & lymph nodes PHYSICIAN
Of operations none Underline the cause to which death should be charged statistically.
Of autopsy

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

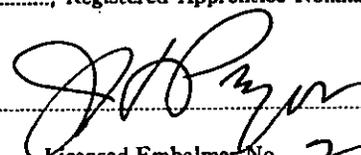
28. Signature J. S. Shelton (M. D. or other) 0
Address 222 Date signed 10-22-41

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. 267
working under my personal supervision.

Signed.....


Licensed Embalmer No. 2995

P. O. Address..... KC

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.