V. S. No. 2
DM—1-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40986

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4664

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

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: Childrens Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo, 16 day (Specify whether In this community 1 mo, 16 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 108

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

(d) Street No. R. F. D. (If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Louis Lee Wolfe

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Childt

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June (Month) 7 (Day) 1930 (Year)

8. AGE: Years 11 Months 6 Days 7 If less than one day ___ hr. ___ min.

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

10. Usual occupation None

11. Industry or business X

FATHER
12. Name Louis Wolfe
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Mildred Sharpe
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mercy Hosp Records
(b) Address Admiral & Highland

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 12/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation Nevada Mo

18. (a) Signature of funeral director Steve McClure
(b) Address K.C. Mo 3235 Gillham Plaza.

19. (a) Dec. 15, 41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 13, 1941, to Dec 14, 1941; that I last saw him alive on Dec 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lymphatic Leukemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 44a
Of autopsy Same

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

23. Signature W Blodenberg (M. D. or other)
Address 1316 Prof Bldg Date signed Dec 14-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. B. Sodenberg,

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.