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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 18

Registration District No. 300

Primary Registration District No. 6417

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

1. PLACE OF DEATH:  
(a) County FRANKLIN  
(b) City or town RURAL LYON  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME ADOLPH C. WOLFF  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased NOV. 8 1857  
(Month) (Day) (Year)

8. AGE: Years 84 | Months 1 | Days 11 | If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

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

12. Name JOHN. WOLFF 4

13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

14. Maiden name SOPHIA KRUEGER 4

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph W. Hoemann  
(b) Address New Haven Mo R# R

17. (a) BURIAL (b) Date thereof Dec 22 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Luth Cent Burial Home  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) 12-22-41 (b) J. H. Matthews  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. New Haven Mo R3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 19 year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Jan 18 1941 to Dec 19 1941  
that I last saw him alive on Dec 19 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Matthews (M. D. or other) \_\_\_\_\_  
Address Beaufort Mo Date signed 12/24/41

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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.....

*E. H. Jensen*, Registered Apprentice No.....  
working under my personal supervision.

Signed *E. H. Jensen*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.**