

FILED APR 24 1942

Registration District No. 678

Primary Registration District No. 4369

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

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Burlington Junction, Mo.  
(c) Name of hospital or institution: Burlington Junction, Mo.  
(d) Length of stay: In hospital or institution 3 Months  
In this community 3 Months

8. (a) PRINT FULL NAME Eliza Ann Wolfers

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 26 1849

8. AGE: Years 92 Months 4 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Belmont / New York

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Avery Crandall  
13. Birthplace Unknown  
14. Maiden name Mary Smith  
15. Birthplace Unknown

16. (a) Informant Fred R. Wolfers  
(b) Address Marville mo

17. (a) Burial (b) Date thereof Mar. 23/42  
(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Pine Funeral Home  
(b) Address Marville mo

19. (a) Mar 25 1942 (b) J. R. Hawk by H.S.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Pickering, Missouri  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21  
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1 1941 to 3/21 1942  
that I last saw her alive on 3/20/42  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction

Due to Chronic myocardial infarction 2 yrs  
city ends funditus

Due to Serubility

Other conditions 94 a  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_  
(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. R. Hawk M. D. or other MD  
Address 1315 Main Marville mo Date signed 3/28/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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, above space should be left blank.**