S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

Registration District No. 147

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4122

State File No. 14078

Registrar's No. 31

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town SMITHVILLE, MO. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON 55

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5030 East 6th. St. 8
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME MARY HENRIETTA WOLF

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife JACOB S. WOLF

6. (c) Age of husband or wife if alive DECEASED 1928 years

7. Birth date of deceased SEPT. (Month) 6 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	7	8	..... hr. ..... min.

9. Birthplace BATES COUNTY (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name JOHN WEHNES
13. Birthplace BERLIN (City, town, or county) 4 GERMANY (State or foreign country)

MOTHER
14. Maiden name MARY E. WAGNER
15. Birthplace BERLIN (City, town, or county) 4 GERMANY (State or foreign country)

16. (a) Informant E.V. WOLFE

(b) Address SMITHVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah, KC Mo

18. (a) Signature of funeral director McConnas Funeral Home

(b) Address Smithville, Mo.

19. (a) Apr 16-1942 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1942 hour 10 45 minute p M.

21. I hereby certify that I attended the deceased from April 14, 1942, to April 14, 1942 that I last saw her alive on April 14, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary (disease) occlusion	
Due to: Coronary Sclerosis	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy ✓

94a

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 [signature] (M. D. or other)

Address Smithville Date signed 4/15/42

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 5-13-82

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 Emil B. Cast

Licensed Embalmer No. 4059

P. O. Address Platte City, 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.