

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3184

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: 3930 Olive  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3930 Olive  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Russia

3. (a) PRINT FULL NAME Louis Wolfe

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23  
year 1942 hour 5 minute P. M.

4. Sex Male

5. Color or race W/h

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

6. (b) Name of husband or wife Bessie

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: Apr 15 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/11/42 19 to 2/23/42 that I last saw him alive on 2/23/42 19 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>8</u>	hr. min.

Immediate cause of death: Thrombosis of cerebral arteries.

Due to 61

Other conditions: Arteriosclerosis (hypertension).

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

10. Usual occupation: Taylor

Major findings: None

Of operations: None

Of autopsy: None

PHYSICIAN: None

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: Russia

12. Name: Isadore Wolfe

13. Birthplace: Russia  
(City, town, or county) (State or foreign country)

14. Maiden name: Not known

15. Birthplace: Not known  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant: Jack Wolfe

(b) Address: Tulsa, Okla.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof: 8-24-42  
(Month) (Day) (Year)

(c) Place: burial or cremation: Sheffield Cem

18. (a) Signature of funeral director: J. P. Louis Funeral Home

(b) Address: K. C. Mo

19. (a) 8-24-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Nature of injury \_\_\_\_\_

23. Signature: W. Paul Williams (Name of physician)  
Address: Kansas City (Mo) Date signed: 2/24/42

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

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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.....  
Licensed Embalmer No..... 3110  
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.