

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30821

State File No.

Registration District No. 207

Primary Registration District No. 5754

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural dry Creek Twp.
(c) Name of hospital or institution: Near Dixon
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Walter Thomas Wolf

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Wolf 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 3, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 0 29 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Nick Wolf
13. Birthplace Osage County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wyrick
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Wolf
(b) Address Dixon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/42
(Month) (Day) (Year)
Kenner Cemetery
(c) Place: burial or cremation Fred H. Gilbert

18. (a) Signature of funeral director Dixon, Mo.
(b) Address

19. (a) 8-6-42 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Dixon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1942 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;

that I last saw h alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Concussion

Due to Blow struck by John Mitchell
(Findings of the Coroner's jury)

Due to

Other conditions 167
(Include pregnancy within 3 months of death)

Major findings: 167
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence August 2, 1942
(c) Where did injury occur? Dixon, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? Flow (Specify type of place) (e) Means of injury

23. Signature W. C. Howard (M. D. or other) D. O.
Address Vienna, Mo. Date signed 8/4/42

1096 (Licensed Embalmer's Statement on Reverse Side) Maries County Coroner

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.....

August 2, 1942

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Fred D. Gillette

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.