

FILED DEC 3 1942

State File No.

Registration District No. 119

Primary Registration District No. 4191

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Gasconade
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gasconade, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 years (Specify whether years, months or days)
In this community 54 years

3. (a) PRINT FULL NAME ELNORA JANE WOLF

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased Dec. 13, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Linn Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Hwf.

11. Industry or business

MOTHER FATHER { 12. Name Simeon Wolf
13. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martina Ellen Weeks
15. Birthplace Cambell Co., Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Chrissa Wolf
(b) Address Gasconade, Missouri

17. (a) Burial (b) Date thereof 11/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Beckmann Farm Cem.

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri

19. (a) Nov. 20, 1942 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1942 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from Nov 15, 1942, to Nov 17, 1942
that I last saw her alive on Nov 17, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Howard Workman (M. D. or other)
Address Hermann Mo Date signed 11-18-42

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.....

Hugo H. Blumer

Licensed Embalmer No. **5160**

P. O. Address.....

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.