

FILED DEC 18 1942
 Registration District No. 49

Primary Registration District No. 1002

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

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:
1420 West 56th Street,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO.
 In this community since 1883, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Friedericke Wolferman,
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Louis Wolferman, 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased January 11 1848
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 10 253 hr. min.

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

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER { 12. Name Unknown,
 13. Birthplace Germany, (City, town, or county) (State or foreign country)
 14. Maiden name Unknown,
 15. Birthplace Germany, (City, town, or county) (State or foreign country)

16. (a) Informant Fred Wolferman,
 (b) Address 5725 State Line, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-42 (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 12-5-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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. 1420 West 56th Street, (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country x

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 4th
 year 1942 hour 10 minute 45 A. M.
 21. I hereby certify that I attended the deceased from 1932, 19 to Dec 4, 1942;
 that I last saw him alive on Dec 4, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 4 days
 Due to Virus infection
 Due to 92 A
 Other conditions Coronary atherosclerosis
Aortic Stenosis Auricular fibrillation
 Major findings: PHYSICIAN
 Of operations: _____
 Of autopsy: _____
 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 James H. Dangle (M. D. or nurse)
 Address 3150 Lamada Road Date signed 12-4-42

Dr. Dan Glade
Proza Med Bedg.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address Y. 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.