

No. 2  
-1-4-41  
5-17-39  
X2699

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2100

FILED FEB 9 1942

State File No. \_\_\_\_\_

Registration District No. 29

Primary Registration District No. 5375

Registrar's No. 73

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Rural Dallas Texas  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

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

(d) Street No. about 8 miles North East Maysville  
(If rural, give location) Mo

(e) Citizen of foreign country? No (Yes or No) 0  
If (yes, name country) \_\_\_\_\_

3. (a) PRINT FULL NAME Janet Kay Wolf

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 27\* 27th 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0	0	0	0	hr. 5 min.
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9. Birthplace DeKalb Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harold Ezra Wolf

{ 13. Birthplace DeKalb Co. Mo  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mildred Irene Swope

{ 15. Birthplace DeKalb Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Ezra Wolf

(b) Address Maysville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Fairport, Mo

18. (a) Signature of funeral director Burial by Family

(b) Address \_\_\_\_\_

19. (a) 1-6-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27th  
year 1942 hour 12. minute 30 a. M.

21. I hereby certify that I attended the deceased from birth  
Dec 27th 1942, to Dec 27th 1942  
that I last saw her alive on Dec 27th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Probably due to strangulation ~~cord~~ cord during birth

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 Fred Kullback (M. D. or other) MD

Address Winston Mo. Date signed 12-27-42

124 (Licensed Embalmer's Statement on Reverse Side)

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

32  
002

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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.....  
.....  
not embalmed, ....., Registered Apprentice No.....  
working under my personal supervision. ....burial by family.

Signed.....

Licensed Embalmer No.....

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.**