

S. No. 2
DOM-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24148**
Registrar's No. **3036**

FILED JUL 19 1943

Registration District No. **149**

Primary Registration District No. **1022**

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:
2414 East 68th Street Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 Months** (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. **2414 East 68th Street Terrace**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mr. Peter Patrick Wolff, Sr.**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **318-01-4394**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**
year **1943** hour **2** minute **45 A.** M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Alma Elizabeth Wolff**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **September 25 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 7th 1943** to **July 8th 1943**
that I last saw him alive on **July 7th 1943**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
60	9	13	hr. min.

Immediate cause of death **Stroke**

9. Birthplace **Syracuse New York**
(City, town, or county) (State or foreign country)

Due to **hardening of arteries**

10. Usual occupation **Heating Engineer**

Due to **8301**

11. Industry or business **Bell & Gossett Co. - Morton Grove, Illinois**

Other conditions **8301**
(Include pregnancy within 3 months of death)

12. Name **Patrick Wolff**

Major findings: Of operations **8301**

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

Of autopsy **8301**

14. Maiden name **Margaret Collins**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alma E. Wolff**
(b) Address **2414 E 68th Terrace**

17. (a) **Cremation** (b) Date thereof **July 10, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **D. W. Newcomer's Sons**

18. (a) Signature of funeral director **D. W. Newcomer's Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-9-43** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **8301**

(b) Date of occurrence **8301**

(c) Where did injury occur? **8301**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **8301**

While at work? **8301** (Specify type of place) (e) Means of injury **8301**

23. Signature **J. E. Brown** (M. D. or other) **8301**
Address **819 E 68th Terrace** signed **8301**

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

