S. No. 2
M—2-43
5-12-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25839

FILED AUG 13 1943

Registration District No. 292 — Primary Registration District No. 4485. — Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls.
(b) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perry, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Gill Wolfenbarger.
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 Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 4 (Month) (Day) 1888. (Year)

8. AGE: Years 54 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Greenbriar, Co. WestVirginia. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business Farm.

FATHER
12. Name A. H. Wolfenbarger.
13. Birthplace Greenbriar, Co. WestVirginia. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kirkade.
15. Birthplace Greenbriar, Co. WestVirginia. (City, town, or county) (State or foreign country)

16. (a) Informant Jesse Kennedy.
(b) Address Perry, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1943 (Month) (Day) (Year)
(c) Place: burial or cremation South Fork Cemetery.
18. (a) Signature of funeral director Clyde E. Wilson
(b) Address Perry, Missouri.
19. (a) June 15 1943 (Date received local registrar) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 13th, year 1943 hour 1:00 minute P. M.
21. I hereby certify that I attended the deceased from June 12 1943 to June 13 1943 that I last saw him alive on June 12 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	5 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John E. Moore (M. D.)
Address Perry, Mo. Date signed 6-15-43

1151

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1387
Date Filed AUG 1 1943

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 under~~

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Pennsboro

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.