

Registration District No. 293

Primary Registration District No. 6003

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural Clay township
(c) Name of hospital or institution: Summerside Neighborhood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

John Franklin Wolfe

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 Married
6. (b) Name of husband or wife Lola Wilson Wolfe 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased December 6 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 21 If less than one day - hr. - min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Clay Wolfe
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lola Wolfe

(b) Address R.R. #2, New London, Mo.

17. (a) Burial (b) Date thereof July 29, 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Rev. P. Schwartz

(b) Address 1000 Bladwy, Hannibal, Mo.

19. (a) 8-1-43 (b) R. B. Berkley (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.R. #2, New London, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 25 1943 to July 27 1943 that I last saw him alive on July 27 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 days

Due to Hypertension Gen

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94-2

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature R. B. Berkley (M. D. or other) Address Hannibal, Mo. Date signed 7/27/43

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

SEP 27 1943

RECEIVED

District Health Officer No. 10

District File Number 9-43-1583

Date Filed SEP 17 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 by.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1000 Broadway, Manhattan, N.Y.

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.