

S. No. 2
M-2-43
5-17-39
I X35897

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

38940

State File No. _____

Registration District No. 292

Primary Registration District No. 4435

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Perry, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Perry, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs. (Specify whether)
years, months or days

3. (a) PRINT FULL NAME AUSTIN-H-WOLFENBARGER

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced
6. (b) Name of husband or wife Kinda 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 17 - 1852
(Month) (Day) (Year)

8. AGE: Years 91 Months 17 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Adeline Wolfenbarger
13. Birthplace Frankford, Virginia
(City, town, or county) (State or foreign country)
14. Maiden name James M. C. Clinton
15. Birthplace Frankford, Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Gettrude Heinicke
(b) Address Perry, Mo.

17. (a) Burial (b) Date thereof 10/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Fork

18. (a) Signature of funeral director Clyde W. Wiley
(b) Address Perry, Mo.

19. (a) 10/2/43 (b) Mrs. Carl Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd
year 1943 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from _____ to Oct - 2 1943,
that I last saw him alive on Oct - 2 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
13' 73% 15' 15"

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 lb

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) (e) Means of injury _____

23. Signature John Brown (M. D. or other)
Address Perry, Mo. Date signed 10/4/43

RECEIVED

District Health Officer No. 10

District No. 11-43-1825

Date Recd. JUN 16 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

Clyde C. Wiley

Licensed Embalmer No.

3820

P. O. Address

Permy, 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.