

S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42103

FILED JAN 6 1944

Registration District No. 97 Primary Registration District No. 5230 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Ward Osage Township
(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 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? America (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annalia Wolfe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Earl Wolfe 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 - 14 - 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8th year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan 25 _____, 1942 to Nov 11 _____, 1943 that I last saw h. W alive on Nov 4 _____, 1943 and that death occurred on the date and hour stated above.

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

76 7 24 hr. min.

9. Birthplace Iron County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Vickman

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

14. Maiden name Elizabeth Kolb

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

16. (a) Informant Earl Wolfe

(b) Address Steelville Missouri

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 11-9-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Schwiders Cemetery

18. (a) Signature of funeral director L. J. Jonas

(b) Address Steelville, Mo

19. (a) 12-27-43 (b) E. E. Butz
(Date received local registrar) (Registrar's signature)

Immediate cause of death Large tumor of liver

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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. Parker (M. D. or other) _____

Address Steelville Mo Date 12-14-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 5,
District File Number 14415-
Date Filed 1-5-44

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

Signed Harry M Jonas
Licensed Embalmer No. 2628
P. O. Address Shelville, 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.