S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17718

State File No.

FILED JUN 8 1944

Registration District No.

Primary Registration District No. 5209

Registrar's No. 11

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Hill Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural - Hill 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community

2. USUAL RESIDENCE OF DEATHS: 39
(a) State: Missouri (b) County: Livingston
(c) City or town: Rural - Hill
(If outside city or town limits, write "RURAL")
(d) Street No.: Hill Township Carroll Co
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: John J Wolf
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: Jessie A Wolf
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: Oct (Month) 15 (Day) 1869 (Year)

8. AGE: Years 75 Months 7 Days 6 If less than one day hr. min.

9. Birthplace: Carrollton (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: General farming
MOTHER FATHER
12. Name: George W Wolf
13. Birthplace: Penn (City, town, or county) (State or foreign country)
14. Maiden name: Jessie A B Worden
15. Birthplace: N Y (City, town, or county) (State or foreign country)
16. (a) Informant: Jessie A. Wolf
(b) Address: Dawn Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 23 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: James D Gor[illegible]
(b) Address: Chillicothe Mo
19. (a) 5-22-44 (Date received local registrar) (b) Mrs Edgar Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20th year 1944 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Nov 3 1943 to May 20 1944 that I last saw him alive on May 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric carcinoma — Duration 2 yrs
Due to: unknown
Due to:
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
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: C M Gray (M. D. or other)
Address: Chillicothe Mo Date signed 5-22-44

K 6 8

(Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe, O.

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.