S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40432

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5358

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 42 yrs 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1200 E. 33 St. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dean A. Wolfe
3. (b) If veteran, name war mo
3. (c) Social Security No. 486-10-4615
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mardell Wolfe
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Nov 28 1902 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	0	0	hr. min.

9. Birthplace Kansas City Mo. 17 (City, town, or county) (State or foreign country)
10. Usual occupation Maintenance Man
11. Industry or business Street Bldg.
FATHER 12. Name Arthur D Wolfe
FATHER 13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Katherine Green
MOTHER 15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mardell Wolfe
(b) Address 1200 E. 33 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Mrs L Foster
(b) Address 918 Brooklyn
19. (a) 12-30-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1944 hour 4 minute 46 A. M.
21. I hereby certify that I attended the deceased from Dec. 24, 1944 to Dec. 28, 1944 that I last saw him alive on Dec. 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 A. E. Upner (M. D.)
Address Med. Dir. Gen'l Hosp. Date signed 12-28-44

(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 Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address K C 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.