

FILED DEC 21 1944
Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
In this community 34 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Frieda Wulff

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased December 27 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 10
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Home

12. Name John Intleman

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

14. Maiden name Lana Harms

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

16. (a) Informant John F. Wulff

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Dec. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 12-7-44 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1319 S. Kentucky
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1944 hour 10 minute a M.

21. I hereby certify that I attended the deceased from October 15, 1944 to December 7, 1944
that I last saw him alive on December 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
3d attack Duration 3 day

Due to Hypertension 3 years

Due to Degeneration of kidneys
and myocardium.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

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 Chas. D. Stone (M. D. or other)

Address Sedalia, Mo. Date signed 12/7/44

Doc Osborn
101AM - Dec 7

DEC 22 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.