V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8860

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 936

**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: 254I Elmwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 24254I Elmwood 8
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME William Wholf

3. (b) If veteran, name war no

3. (c) Social Security No. 487-0I-278I

4. Sex Male 0

5. Color or race wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jettie Mae Wholf

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July I6th I880
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 7 | 10 | hr. min. |

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Mike Wholf
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELise Tucker
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jettie M. Wholf
(b) Address 254I Elmwood

17. (a) Removal (b) Date thereof 2-28th-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Orrick Missouri

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address Kansas City Mo

19. (a) 2-26-45 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 26
year 1945 hour 7 minute 40 a M.

21. I hereby certify that I attended the deceased from Jan - 15, 1943 to Feb 26, 1945
that I last saw him alive on Feb 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 d

Of autopsy

Duration

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 S. C. Penley (M. D. or other) M.D.

Address 832 Argyle Bldg Date signed 2-26-45

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1945

## 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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address 1800 Linwood Blvd

**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.**