

FILED MAY 16 1945
Registration District No. **250**

Primary Registration District No. **5848**

Registrar's No. **90**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Guilford**
(If outside city or town limits, write "RURAL" and name of township)
(c) **Rural None!**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days) **None**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Guilford**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 Mile west**
Grant-Twp. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles H. Wolf

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 22 1868**
(Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **1** If less than one day hr. min.

9. Birthplace **Nopkins Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **J. Myer Wolf**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Thebe Drake**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)
16. (a) Informant **Amos on Wolf**
(b) Address **Guilford Missouri**
17. (a) **Burial** (b) Date thereof **4-25-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Weatherman**
18. (a) Signature of funeral director **Campbell Funeral Home**
(b) Address **Marionville Mo**
19. (a) **4-24-45** (b) **C. O. Barnett**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **23rd** year **1945** hour **unknown** M.
21. I hereby certify that I attended the deceased from **not attended** 19__ to 19__
that I last saw him alive on **had no physician** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary hemorrhage** Duration _____
Due to **Chronic Valvular disease of heart**
Due to **Probable Pulmonary Tuberculosis**

Other conditions (Include pregnancy within 3 months of death) **36**
Major findings: Of operations **no operations** Of autopsy **no 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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **L. E. Dean (Coroner)** M. D. _____
Address **Marionville Mo** Date signed **4-23-45**

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

74
0
0

1293

RECEIVED
District Health Officer No. 11;
District File Number
Date Filed

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..... *W. Dean Campbell*
Licensed Embalmer No. *2620*
P. O. Address *Maryville 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.