

FILED JUN 7 1945
Registration District No. 274

Primary Registration District No. 3052

State File No. _____

Registrar's No. 130

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 Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
In this community 18 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Jane Wolf
3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jacob I. Wolf 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 5, 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Lyon County, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ***

12. Name John Adams

13. Birthplace Lyon County, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Violet Clopton, (dau.)

(b) Address 1324 S. Grand, Sedalia, Mo.

17. (a) Burial (b) Date thereof 5/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Maune Ewing

(b) Address Sedalia, Mo.

19. (a) 5/22/45 (b) Anna Maria 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. 1324 South Grand
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20
year 1945 hour 10:50 minute _____ P.M.
21. I hereby certify that I attended the deceased from at the time of her death, 1945, to May 20, 1945,
that I last saw her alive on May 20, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Evidently some organic heart disease as myocardial
Due to Essentially and chronic nephritis.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
1318

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 W. J. Bishop (M. D. or other) _____
Address Sedalia Mo Date signed 5-22-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6/8/45

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 Dwaine Ewing

Licensed Embalmer No. 3807

P. O. Address Indian 350

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.