. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20169

State File No.

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 71

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Rural Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. Home Hosp. (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 yr. (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri County: Clay 24
(c) City or town: Liberty 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: R#2
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOSEPH, L. WOLFE
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Sept. (Month) 2 (Day) 1861 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1945 hour 3 minute 55 P.M.
21. I hereby certify that I attended the deceased from March 2, 1942, to June 11, 1945, that I last saw him alive on June 11, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: General Arterio Sclerosis — Duration 10 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 97
Of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: Burton Matthews (M. D. or other) M.D.
Address: Liberty Mo. Date signed 6-12-45

8. AGE: Years 83 Months 9 Days 9 If less than one day hr. min.
9. Birthplace: Benton (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation: Stationary Fireman
11. Industry or business
MOTHER FATHER
12. Name: Joseph L. Wolfe
13. Birthplace: Rolla (City, town, or county) Ill 1 (State or foreign country)
14. Maiden name: Louisa Jones
15. Birthplace: Richmond (City, town, or county) Va 1 (State or foreign country)
16. (a) Informant: J. E. Thomas Sup.
(b) Address: R#3 Liberty Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. Cem Liberty Mo
18. (a) Signature of funeral director: Chas. Archer Co.
(b) Address: Liberty, Mo
19. (a) 6-12-45 (Date received local registrar) (b) Helen Hanley (Registrar's signature)

426

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 7/11/45

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.