

WED JUL 11 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 5637

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Rural, Mo. 20  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lafayette County Home  
(If not in hospital or institution, write street number or location) 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Lafayette (b) County Lafayette  
(c) City or town Wellington Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS WOLF

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

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb-5-1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 3 24 hr. \_\_\_\_\_ min.

9. Birthplace Hamel, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Frederick Wolf

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

14. Maiden name Helen

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

16. (a) Informant Edward A. Bollmeyer

(b) Address Higginsville, Mo.

17. (a) Burial (b) Date thereof 5-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Wellington, Mo.

18. (a) Signature of funeral director W. D. Baker  
(b) Address Wellington, Mo.

19. (a) James - 14456 (b) Wm. W. Baker  
(If he received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1945 hour \_\_\_\_\_ minute a. M.

21. I hereby certify that I attended the deceased from Jan 1  
1944 to May 29 1945  
that I last saw him alive on May 28 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular disease  
Ch. Nephritis  
Due to \_\_\_\_\_

Duration  
years  
year

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1318

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 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Haggins (M. D. or other) MD  
Address Higginsville, Mo. Date signed 7/11/45

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

54  
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RE  
District Board Office  
District File Number  
Date Filed 7/10/43

**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. R. Egan  
Licensed Embalmer No. 4305  
P. O. Address Wilmington Md

**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.**