

**FILED JAN 8 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **40669**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1375**

**1. PLACE OF DEATH:**

(a) County **Buchanan**  
 (b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**6708 Mack St.**  
(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) **43 Yrs.**

**3. (a) PRINT FULL NAME**

**Frank Wolney**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Anna Wolney**  
 6. (c) Age of husband or wife if alive **80** years  
 7. Birth date of deceased **Oct. 22 1863**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **1** Days **29**  
If less than one day hr. min.

9. Birthplace **Willia Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer Retired**  
 Self

11. Industry or business **Jacob Wolney**

MOTHER FATHER

12. Name **Unknown**  
 13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Shamrad**  
 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Joseph Sanger**

(b) Address **6708 Mack**

17. (a) **Burial** (b) Date thereof **12/22/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **Rupp Funeral Home**

(b) Address **6054 Prvor**

19. (a) **Dec 26 1945** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

**Mo. Buchanan**  
 (a) State **Mo.** (b) County **Buchanan**  
 (c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **6708 Mack**  
(If rural, give location)  
 (e) Citizen of foreign country? **none** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **December** day **21**  
 year **1945** hour **8** minute **15** A.M.

21. I hereby certify that I attended the deceased from **May** 19**42** to **Dec 31** 19**45**  
 that I last saw him alive on **Dec. 30** 19**41**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **12 hours**  
 Due to **Chronic Endocarditis** **35 yrs**  
 Due to **Acute Rheumatic Fever** **35 yrs**

Other conditions **92d**  
(Include pregnancy within 3 months of death)

Major findings: **92d**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 12 hours  
 35 yrs  
 35 yrs  
**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 **[Signature]** (M. D. or other) **MD**  
 Address **5008 Spring Hill** Date signed **12-21-45**

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

**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 *Mollie E. Siddefaden Fox*  
Licensed Embalmer No. *4235*  
P. O. Address *St. Joseph, 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.**