S. No. 2
M—2-43
. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 11 1946

# STANDARD CERTIFICATE OF DEATH

State File No. 4373

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Mo 3 days (Specify whether
In this community 5 months 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County McDonald 108
(c) City or town Noel 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM E. WOLFE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days ✓ If less than one day ✓ hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation None
11. Industry or business ✓
FATHER
12. Name Unknown
13. Birthplace ✓ (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace ✓ (City, town, or county) 9 (State or foreign country)
16. (a) Informant Hospital record
(b) Address Nevada, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Wheaton Mo
18. (a) Signature of funeral director Wm Morris Bogue
(b) Address Wheaton, Mo
19. (a) 1-17-46 (Date received local registrar) (b) Kathryn Yancy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany 16 day 16 year 1946 hour 9-15 minute 15 A M.
21. I hereby certify that I attended the deceased from Aug 13 1945 to Jany 16 1946 that I last saw him alive on Jany 16 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Arteriosclerotic heart disease | ? |
| Due to Hypertention | |
| Due to Senility | |
| Other conditions Senility (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ✓ | |
| Of autopsy No | |

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
23. Signature R E Hall MD (M. D. or other)
Address Nevada Mo Date signed 1/16/46

(Licensed Embalmer's Statement on Reverse Side)

331

3437

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

RECEIVED
District Office No. 7
District No. Number 1-46-73
Date Filed 2-7-46

## 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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.**