S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5956

FILED MAR 13 1946

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 993

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1317 West 20th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City.
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 West 20th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. CATHERINE WOLFE
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas Wolfe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) ---- (Day) 1860 (Year)
8. AGE: Years 85 Months 3 Days — If less than one day hr. min.
9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Jeremiah Dailey
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Jane Healey
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs. Harry Lewis
(b) Address 1850 Arch St. Berkley, Cal.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 / 28 / 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street
19. (a) 2-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22 year 1946 hour 7:00 minute a M.
21. I hereby certify that I attended the deceased from Coma, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 1st & 2nd degree burns of entire body — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 18 hrs 15
Major findings:
Of operations
Of autopsy not
History & Impression

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) accident 123
(b) Date of occurrence 2-22-46
(c) Where did injury occur? 1315 W. 20th Ter (City or town) Kc. (County) Jackson (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Jan home (Specify type of place)
While at work? no (e) Means of injury Fire 3
23. Signature James Varela (M. D. or other) Coroner
Address 1424 Cry Bldg Date signed 2-22-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.