

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24641

State File No.

Registrar's No.

FILED AUG 13 1946

Registration District No.

Primary Registration District No.

4427

69

1. PLACE OF DEATH:

(a) County PULASKI
(b) City or town WAYNESVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WAYNESVILLE GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 8 YEARS
years, months or days)

3. (a) PRINT FULL NAME WOLFE, ALVIN EDWARD

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

4. Sex M 5. Color or race WHITE 6. (a) Single, widowed, married, divorced divorce
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased AUG. 16 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 11 15 hr. min.

9. Birthplace DORCHESTER ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation STOCK FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN WOLFE 4
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARY CHRISTIAN 4
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. Elmer GARNER
(b) Address Billis Pie, ILLINOIS
17. (a) Removal (b) Date thereof 7 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BUNNER HILL CEMETARY

18. (a) Signature of funeral director Edith M. St. Louis
(b) Address St. Louis, MO

19. (a) 8/10/46 (b) Louis M. Cloutier
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 33
(c) City or town STONE HILL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on JULY 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis due to perforation of jejunum following operation for ruptured appendix
Due to _____
Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? _____

While at work? _____ (Specify type of place or injury)
23. Signature Alvin M. Cloutier (M.D. or other)
Address _____ Date signed _____

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Grocker 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.