S. No. 2
M—12-45
7. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13736

Primary Registration District No. 1002

Registrar's No. 1986

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conv. Home 3231 Prospect 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 mos. (Specify whether years, months or days)
In this community: 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: K.C. 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 429 E. 73d St. 8
(If rural, give location)
(e) Citizen of foreign country? U.S. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Rachel Wolf.
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 3 (Day) 1873 (Year)
8. AGE: Years 73 Months 9 Days 28 If less than one day hr. min.
9. Birthplace: Germany (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Nachman Wolf
13. Birthplace: France (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: France (City, town, or county) (State or foreign country)
16. (a) Informant: Ed. Wolf
(b) Address: 429 E 73d.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Rose Hill Cem.
18. (a) Signature of funeral director: Carroll-Bonde
(b) Address: 3024 Troost
19. (a) 5-3-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1947 hour 4 30 minute P. M.
21. I hereby certify that I attended the deceased from March 15, 1947, to May 1, 1947 that I last saw her alive on April 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	1 year
Due to: Arteriosclerosis	10 years
Due to:	
Other conditions: Diabetes Mellitus	5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
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? (Specify type of place)
While at work? (e) Means of Injury: 0

23. Signature: Jack W. Wolf (M. D. or other) M.D.
Address: 206 Apple Bldg. Date signed: May 2, 1947

(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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address K. C. 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.