

FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **16442**

Registration District No. **27**

Primary Registration District No. **3005-**

Registrar's No. **26**

1. PLACE OF DEATH:  
 (a) County **Bates**  
 (b) City or town **Butler**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**409 Clark St.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community **25 Yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Bates**  
 (c) City or town **Butler**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **409 Clark Street**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Marie WOLF**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** / 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **M** /  
 6. (b) Name of husband or wife **Fredrick S Wolf**  
 6. (c) Age of husband or wife if alive **81** years  
 7. Birth date of deceased **May 5, 1886**  
 (Month) (Day) (Year)

8. AGE: Years **60** Months **10** Days **1**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Peter Pearson**

13. Birthplace **Sweden**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Anderson**

15. Birthplace **Sweden**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Helen Bolatto**

(b) Address **Decatur, Ill.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-9-47**  
 (Month) (Day) (Year)

(c) Place: burial or cremation **Crescent Hill Cemetery**

18. (a) Signature of funeral director **Culver-Underwood**

(b) Address **Butler, Missouri**

19. (a) **3-8-1947** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6**  
 year **1947** hour **5:10** minute \_\_\_\_\_ AM. M.

21. I hereby certify that I attended the deceased from **April 6** 19**47** to **Mar 6** 19**47**  
 that I last saw **her** alive on **March 5** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Generalized**  
 Due to **Calcium stones**

Due to **Carcinoma Liver**  
 Other conditions **+ Abdominal Lymph glands**  
 (Include pregnancy within 3 months of death)

Major findings: **Primary Ca. Breast**  
 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) (e) Means of injury \_\_\_\_\_

23. Signature **Arthur H. Juler** (M. D. or other) \_\_\_\_\_

Address **Butler, Mo.** Date signed **3/7/47**

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

MOTHER FATHER

Date Filed 5-20-47  
District File Number 4-47-615  
District Health Officer No. 7  
**RECEIVED**

MAY 23 1947

**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.....

Jenneth H. Book....., Registered Apprentice No. 471  
working under my personal supervision.

Signed..... Adrian M. S.  
Licensed Embalmer No. 3650  
P. O. Address Adrian 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.