

B. No. 2
1-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26918

State File No.

FILED SEP 15 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1085

1. PLACE OF DEATH:

(a) County... Buchanan

(b) City or town... St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Josephs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 8 days
(Specify whether Life)

In this community... Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Buchanan

(c) City or town... Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Mi. No. of Faucett, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nance Ann Wolfe

3. (b) If veteran, name war... No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1947 hour 5 minute 44 A.M.

4. Sex Female 5. Color or race White

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 June 29 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2 47 to Sept 6 19 47
that I last saw her alive on Sept 5 19 47
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	✓	2	8	hr. min.

Immediate cause of death
*Prematurity
Acute Intestinal Infection*

Due to..... 30 day

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

Due to.....

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

10. Usual occupation None

11. Industry or business None

12. Name Robert Graham Wolfe

13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Louise Bryan

15. Birthplace Paducah Kentucky
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant Robert G. Wolfe
(b) Address R. R. #5, St. Joseph, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof 9/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

(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)

18. (a) Signature of funeral director Heaton - Bowman
(b) Address St. Joseph, Mo.

23. Signature W. Roger Moore M.D.
St. Joseph Mo (M. D. or other)

Address..... Date signed 9/6/47

19. (a) 9-9-47 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{NOT} by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Eugene Wood

Licensed Embalmer No.

3804

P. O. Address

319 South St. Joseph, 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.