No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34745

Registrar's No. 4320

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 28 days (Specify whether
In this community 24 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 4435 Spruce 8
(If rural, give location) 0

(e) Citizen of foreign country? no - (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Elva Wolkey

3. (b) If veteran, name war: - no

3. (c) Social Security No.: none

4. Sex: fe /

5. Color or race: white

6. (a) Single, widowed, married, divorced: mar /

6. (b) Name of husband or wife: Benj F.

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Aug 20 (Month) 1893 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	1	~~23~~ 22	hr. min.

9. Birthplace: Sedalia (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business: in home

FATHER
12. Name: Elliott Smith
13. Birthplace: Jefferson City (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name: Maggie Griffin
15. Birthplace: Sweet Springs (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant: Benj. F. Wolkey
(b) Address: 4435 Spruce

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: C.H. Blackman & Son, Inc.
(b) Address: 2825 Independence Blvd.

19. (a) 10-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1947 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 14 1947 to Oct. 12 1947;
that I last saw her alive on Oct. 12 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hodgkins disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 44b	
Of autopsy: See above.	

PHYSICIAN

Underline the cause of 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: Wm W. Hart (M. D. or other) MD
Address: Med. Dir. Gen 'l Hosp. Date signed: 10-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Merrill

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: W D Blackman

Licensed Embalmer No. 3639

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.