

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948
251

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1922
Registrar's No. 21

Registration District No. _____ Primary Registration District No. 3648

1. PLACE OF DEATH
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution:
918 College Ave. 1
(d) Length of stay: In hospital or institution _____
In this community 34 years

3. (a) PRINT FULL NAME Fred Robert Wolfers
3. (b) If veteran, no name war _____
3. (c) Social Security No. none

4. Sex mo 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel M. Wolfers
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 13, 1887

8. AGE: Years Months Days If less than one day
60 7 14 hr. _____ min.

9. Birthplace Pickering Mo

10. Usual occupation Attorney

11. Industry or business _____

MOTHER FATHER
12. Name Charles A. Wolfers
13. Birthplace Chataaugua Co. N.Y.
14. Maiden name Eliza A. Crandall
15. Birthplace Belmont N.Y.

16. (a) Informant Mrs. Mabel M. Wolfers
(b) Address 918 College Ave.

17. (a) Burial (b) Date thereof Jan 29, 1948
(c) Place: burial or cremation Hopkins Mo.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo

19. (a) 31 (b) Bess Holtz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway
(c) City or town Maryville
(d) Street No. 918 College Ave.
(e) Citizen of foreign country? no

20. DATE OF DEATH: Month Jan. day 27
year 1948 hour 6 minute a.

21. I hereby certify that I attended the deceased from Jan 27
that I last saw him live on to Jan 27
and that death occurred on the date and hour stated above.

Immediate cause of death acute Angina
Pectoris,
Due to An old Hypertension

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

Major findings: Of operations _____
Of autopsy _____

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 _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Chas P Bell (M. D. or other) M.D.
Address Maryville Mo Date signed 1/30/48

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

AUG 11 1948

AUG 20 1948

SEP 1 1948

JAN 20 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John W. Price.
Licensed Embalmer No. 4281

P. O. Address Maryville 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.