

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

Registration District No. 251

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4381

State File No. 1934

Registrar's No. 24

1. PLACE OF DEATH: Nodaway

(a) County Nodaway

(b) City or town Hopkins

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 yrs. (Specify whether years, months or days)

3. (a) PRINT NAME Sarah Elizabeth Wolfers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward C. Wolfers

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased: Sept. 26 1855 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	4	4	hr. min.

9. Birthplace Monroe County Vir. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Andrew Peck

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

14. Maiden name Alais Sweeney

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

16. (a) Informant Mrs Gertrude Wolfers

(b) Address Hopkins, Mo.

17. (a) Burial (b) Date thereof Feb. 1, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo.

19. (a) 1-21-48 (b) Beas Holt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Nodaway 74

(a) State Missouri (b) County Nodaway

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

(d) Street No. (If rural, give location)

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30

year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1/30/48 to 2/29/48 that I last saw him alive on 2/29/48 and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration Many years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 167D

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 C. P. Wolfers (M. D. or other) Date signed 1/31/48

Address Hopkins

JAN 31 1949

FEB 10 1948

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 *Stanley Swanson*

Licensed Embalmer No. *396 3*

P. O. Address *Hopkins, 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.