

FILED FEB 18 1948
Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5661**

Registration District No. **256**

Primary Registration District No. **5879**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Chamois, Mo (rural) Benton township
(If outside city or town limits, write "RURAL" and name of township)

(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 99 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Chamois, Mo Rural
(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 _____

3. (a) PRINT FULL NAME Mary E. Wolfe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1948 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec. 1947, 19____, to February 1948, 19____, that I last saw her er alive on January 15th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased May 22 1847
(Month) (Day) (Year)

Duration Few year

Due to _____

Due to _____

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

8. AGE: Years 100 Months 8 Days 12 If less than one day 10 hr. 30 min.

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

10. Usual occupation None

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy an

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Sieg

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

14. Maiden name unknown

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

16. (a) Informant John Wolfe
(b) Address Chamois, Missouri

17. (a) Burial (b) Date thereof Feb. 6, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ferguson Cemetary rural

18. (a) Signature of funeral director _____
(b) Address Chamois

19. (a) 5/5/48 (b) Esther Souder
(Date received local registrar) (Registrar's signature)

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? 21
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. E. Giffen (M. D. or other) D.O.
Address Chamois, Missouri Date signed 2/5/48

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

76
0
0

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/11/18

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. T. Stockrich

Licensed Embalmer No. 1902

P. O. Address Chambers 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.