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 MAY 10 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11630

Primary Registration District No. 1000

Registrar's No. 512

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: 916½ Felix St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community: 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 916½ Felix St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Miss Iva Irene Wolfe

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

3. (c) Social Security No.: None

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: January (Month) 13 (Day) 1880 (Year)

8. AGE: Years 68 Months 3 Days 17 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation: At home

11. Industry or business: At home

MOTHER FATHER

12. Name: Charles A. Wolfe

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

14. Maiden name: Susana Long

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

16. (a) Informant: Mrs. Charlotte R. Brown
(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hiawatha, Kansas.

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

19. (a) 5-6-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 2 minute 15 PM

21. I hereby certify that I attended the deceased from March 16, 1944 to April 30, 1948; that I last saw her alive on April 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Insufficiency	4 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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:

23. Signature: E. H. Werner (M. D. or other)
Address: Kirkpatrick Building St. Joseph, Missouri Date signed 5-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins Registered Apprentice No. 27 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 380 f

P. O. Address 319 So 10th, 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.