

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12110
State File No.
Registration District No. 118 Primary Registration District No. 4182 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution several weeks (Specify whether years, months or days)
In this community several weeks

3. (a) PRINT Clara McColm Wolfe
FULL NAME

3. (b) If veteran, name war ** 3. (c) Social Security No. ***
4. Sex female 5. Color white 6. (a) Single, widowed
divorced 2
6. (b) Name of husband or wife George F. Wolfe 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased March 1 1876 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 17 hr. min.

9. Birthplace Whitehall New York
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business

12. Name Henry A. Smith
13. Birthplace Burlington Vt.
(City, town, or county) (State or foreign country)
14. Maiden name Mary W. Goodale
15. Birthplace Montpelier Vt.
(City, town, or county) (State or foreign country)

16. (a) Informant Justin H. Wolfe

(b) Address Owensville, Mo.

17. (a) Cremation (b) Date thereof 4-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
Valhalla Crematory

* (c) Place: burial or cremation

18. (a) Signature of funeral director McLeod H. H. Winter

(b) Address Owensville, Mo.

19. (a) 4-30-48 (b) Thorothy Hackman
(Date received local registrar) (Registrar's signature) 3/22

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. No (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 7 minute 15 a. m.

21. I hereby certify that I attended the deceased from 4-17-48 to 4-18-48
that I last saw h. er alive on 4-18-48
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Duration 12 Hrs

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations giver

Of autopsy None

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 Paula Brenner (M. D.)

Address Owensville, Mo. Date signed 4-19-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 13, 1948

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
Harvey Kahle
..... Registered Apprentice No. 9
working under my personal supervision.

Signed

Melford N. N. White

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.