

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23007

Registration District No. 144

Primary Registration District No. 5362

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Pilot Knob
(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 8 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Wolfe Neighbors

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1948 hour 9 minute 00 P. M.
approximate

21. I hereby certify that I attended the deceased from _____ by inquest duties _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: January 29 1870
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy none

8. AGE: Years 78 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

12. Name George Washington Wolfe

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

14. Maiden name Emaline Dickerson

15. Birthplace North Carolina _____
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Neighbors

(b) Address Roselle Mo.

17. (a) burial (b) Date thereof 6-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chloride Mo.

18. (c) Signature of funeral director White Funeral Home

(b) Address Ironton Mo.

19. (a) 7-5-48 (b) Aris Jones
(Date received local registrar) (Registrar's signature)

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 3

23. Signature Chas Hampton (b. D. of other) Coroner
Address Annapolis Mo. Date signed _____

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

MOTHER FATHER

47
0
3

gma

4

1

1

128

RECEIVED

District Health Officer No. 4
District File Number 748-87
Date Filed 2-13-48

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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Winton St

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.