

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5966 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural (Waldron Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 4		d. STREET ADDRESS (If rural, give location) Aberdeen Hotel	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mi. So. of Waldron			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Russell	c. (Last) Wolff	4. DATE OF DEATH (Month) (Day) (Year) June 13, 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 5	8. DATE OF BIRTH April 12 1920	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Taxicab	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Albert Wolff	13b. MOTHER'S MAIDEN NAME Ida ?	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. 486-10-1360	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elva Donahoe, K.C. Kansas	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH E-981X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot to death		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause: (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) rural road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Waldron Twp. Platte Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Tom H. ...	(Degree or title) owner	23b. ADDRESS Platte City, Mo	23c. DATE SIGNED 6-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-14-50	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 6-14-50	REGISTRAR'S SIGNATURE Alpha Rollins	25. FUNERAL DIRECTOR'S SIGNATURE Rollins + Mitchell, Platte City, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

JUN 28

District File Number _____
Date Filed 6-29-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Roland M. Guffee

Licensed Embalmer No.

4725

P. O. Address

Platte City, 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.