

Registration District No. 42

Primary Registration District No. 5134

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Rural, Washington, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. # 3, St. Joseph, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)

In this community 61 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

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

(d) Street No. R.F.D. # 3, St. Joseph, Mo.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Catherine H. Wolf,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th.
year 1942 hour 10.00 minute P. M.

21. I hereby certify that I attended the deceased from Oct 20
1942 to Oct 20 1942
that I last saw him alive on Oct 20 1942
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 Thomas A. Wolf,

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

7. Birth date of deceased March 27th. 1881
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Duration 1 day

Due to 930

Due to

Other conditions chronic myocarditis unknown
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

61	6	23	hr. min.
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9. Birthplace Buchanan County, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Albert Waller,

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

14. Maiden name Rose Beck,

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

16. (a) Informant Mrs P. E. Auler,

(b) Address R.F.D. # 3, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director Walter Benjamin Turner

(b) Address 319 So. 10th Street, Home

19. (a) 10-23-42 (b) Rose Hegoy
(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?

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

23. Signature Gustav Han (M. D. or other) MD
Address St. Joseph, Mo Date signed 10/21/42

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

11
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OCT 29 1947

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, Oct. 30, 1947
....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm. E. Summers
.....
Licensed Embalmer No. 3007

P. O. Address 319 So. 24th St. Memphis, Tenn.

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.