

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 4

Registration District No. 79970

Primary Registration District No. 5305 4141

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

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Centertown, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole 26
 (c) City or town Centertown Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Adam George Wolf
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 24
 year 1947 hour 9:30 minute P. M. M.

4. Sex male 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 April 29 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1947 to April 24 1947
 that I last saw him alive on April 22 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death myocardial degenerated
 Duration 10 min.

9. Birthplace Centertown, Mo
(City, town, or county) (State or foreign country)

Due to leopatus hypertensii 5 years

10. Usual occupation Farmer

Due to _____

11. Industry or business _____

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

12. Name Thomas Wolf 4
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Major findings: 930
 Of operations _____
 Of autopsy _____

14. Maiden name Elizabeth Heinrich 4
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Leonard Wolf
 (b) Address Centertown, Mo

While at work? _____ (Specify type of place) 2
 (c) Means of injury _____

17. (a) Burial (b) Date thereof 4-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Centertown

23. Signature L. G. Warrick
 Address Centertown Date signed 4/24/47

18. (a) Signature of funeral director Russellville, Mo.
 (b) Address _____
 19. (a) April 26 (b) Mrs. Minnie Kattenmeyer
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 9,
District File Number 4-38-47
Date Filed _____

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 K. Schubert
Licensed Embalmer No. 2820
P. O. Address Russellville, 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.