

FILED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. **5409**

Registration District No. **140**

Primary Registration District No. **3024**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Howard**

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

(c) Name of hospital or institution **Lee Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

In this community **6 weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**

(c) City or town **Rural**
(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 **John Jacob Wolfrum**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **3** year **1946** hour **8:15** minute **P** 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 22, 1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb. 1**, 19**46** to **Feb. 3**, 19**46**
that I last saw him alive on **Feb. 3**, 19**46**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	72	9	11	hr. _____ min. _____

Immediate cause of death **Cardio-vascular-renal 1 yr.**

9. Birthplace **Moniteau County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Due to _____

Due to _____

Other conditions **nephritis - chr.**
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name **Chris Wolfrum**

13. Birthplace **Cole County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Blank**

15. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)

Major findings:
Of operations **- 1318**

Of autopsy _____

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

16. (a) Informant **Miss Wolfrum**

(b) Address **Fayette, Missouri**

17. (a) **Burial** (b) Date thereof **2/6/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rohrbach Cem. California**

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? **no**

18. (a) Signature of funeral director **Ralph A. Carr**
(b) Address **Fayette, Mo.**

19. (a) **2-27-1946** (b) **Harothy Fern Baker**
(Date received local registrar) (Registrar's signature)

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

23. Signature **W. Leech MD** (M. D. or other) _____
Address **Fayette, Mo** Date signed _____

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-8-46

MAR 14 1951

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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3340

P. O. Address Fayette 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.