

FILED DEC 6, 1948
Registration District No. 194849

Primary Registration District No. 1002

State File No. _____

Registrar's No. -4759

1. PLACE OF DEATH:

(a) County: JACKSON
(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: THE CHILDREN'S MERCY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 MONTH
(Specify whether years, months or days) 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: MORGAN?
(c) City or town: FLORENCE (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No.: STAR ROUTE
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: MARVIN EDMUND WOLFRUM

3. (b) If veteran, name war: X X
3. (c) Social Security No.: None

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: single, X
6. (b) Name of husband or wife: X X
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: July 24 1935
(Month) (Day) (Year)

8. AGE: Years 13 Months 3 Days 25
If less than one day hr. _____ min.

9. Birthplace: BOONEVILLE
(City, town, or county) (State or foreign country)

10. Usual occupation: CHILD

11. Industry or business: _____

12. Name: JOSEPH E. WOLFRUM

13. Birthplace: CALIFORNIA, MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name: AMELIA REHKOP

15. Birthplace: CONCORDIA, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant: PARENTS

(b) Address: FLORENCE, MISSOURI

17. (a) Burial, cremation, removal: Burial
(b) Date thereof: 11-19-48
(Month) (Day) (Year)

(c) Place of burial or cremation: Highland Park, California, Mo.

18. (a) Signature of funeral director: J. W. Wagner

(b) Address: K. C. Mo.

19. (a) 11-19-48 (Date received local registrar)
(b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1948 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from 11-18-48 to 11-18-48, 1948, as a pathologist, and that I last saw him alive on 11-18-48, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Hodgkins Disease
Duration: 8 yrs

Due to: _____

Due to: _____

Other conditions: (Include pregnancy within 3 months of death) 448

Major findings: Of operations: _____

Of autopsy: 2 cases above

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: B.C.H. Schmidt (M. D. or other)

Address: St. Luke's Hosp. Date signed: 11-18-48

MOTHER FATHER

DEC 6 1948

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas 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.