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17-39  
X2948

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18575

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Atchison, Missouri  
(b) City or town Fairfaxville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hosp. X O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Atchison  
(c) City or town Tarkio  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Jennie Wolfe

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife James M. Wolfe 6. (c) Age of husband or wife if alive ✓ years 24  
7. Birth date of deceased Aug 24 1865  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Perm Nebr  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business Lewis Swan

12. Name Lewis Swan

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Shepman

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ina Bell

(b) Address Tarkio, Mo.

17. (a) Burial (b) Date thereof 5-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio, Mo.

18. (a) Signature of funeral director Marie Funeral Home

(b) Address Tarkio, Mo.

19. (a) 5-6-43 (b) Mary Cole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1943 hour 7:15 AM M.

21. I hereby certify that I attended the deceased from May 2 1943  
1943, to May 6 1943  
that I last saw her alive on May 5 1943, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of Heart from an old myocarditis; acute parenchymatous nephritis.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

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 Thos. F. Bell (M. D. or other) ✓  
Address Maryville Mo Date signed May 6 1943

1268

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER