

Registration District No. **399**Primary Registration District No. **1002**Registrar's No. **3247**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **7149 South Benton** **2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **50 yrs**
years, months or days)

3. (a) PRINT FULL NAME **Clara Bell Wolfe** **410**3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **--** years7. Birth date of deceased **Oct. 14 1869**
(Month) (Day) (Year)8. AGE: Years **70** Months **10** Days **--** If less than one day
hr. _____ min. _____9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)10. Usual occupation **housework**

11. Industry or business _____

12. Name **George Kline**13. Birthplace **Pa.**
(City, town, or county) (State or foreign country)14. Maiden name **Mary Ellen Goff**15. Birthplace **No record** **9**
(City, town, or county) (State or foreign country)16. (a) Informant **Edw. H. Kline**(b) Address **7149 South Benton**17. (a) **Burial** (b) Date thereof **Aug. 16 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Woodlawn Cem Kansas City**18. (a) Signature of funeral director **Mrs. C. L. Forster**(b) Address **918 Brooklyn Kansas City Mo.**19. (a) **Aug. 16, 1940** (b) **M. M. Ervine**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **7149 South Benton**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **14**
year **1940** hour **8** minute **10 P.** M.21. I hereby certify that I attended the deceased from **8-14-40**
8-14-40 to **8-14-40** 19**40**
that I last saw her alive on **8-14-40** 19**40**
and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration**Heart Failure**Due to **Heart Failure**Other conditions **Diabetic 59**(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? **Ks.**While at work? _____ (Specify type of place)(e) Means of injury **!**23. Signature **D. B. Hawthorth** (M. D. or other) _____Address **7151 P. O. P. O.** Date signed **8-14-40**

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

Renzel C. Browning

Licensed Embalmer No.

2724

P. O. Address

K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.