REC'D JUL 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22151
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 417
(b) Township — Primary Registration District No. 3021 — Registered No. 42
(c) City Webb City — (d) Street No. 510 N. WEBB. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Clara Wolf
(a) Residence, No. 510 North Webb St. (Usual place of abode, if no street address, write county or city) — 140 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF (OR) WIFE OF~~: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 14, 1859
7. AGE: Years 78 — Months 8 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

FATHER
13. NAME: John Lewis Harmon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Susannah Ault
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs. John Wolf, Webb City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Webb City Cemetery DATE June 14, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hedge-Nelson, Webb City, Missouri
20. FILED JUNE 14, 38, 19 — R. Pritchett M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-11-, 1938, to 6-11, 1938
I last saw her alive on June 11, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset 6-5-38

Apoplexy (~~APOPLEXY~~)
83 A1

Other contributory causes of importance: Age 78 (SENILITY)

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No, Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) William F Byler, M. D.
(Address) 116½ N. Main Webb C Mo

(Licensed Embalmer's Statement on Reverse Side)

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, ...

E. W. Hedge, or by .....

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

Signed E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Neff City, T

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

If this body is not embalmed, above space should be left blank.