

DEC 11 1939 399
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4313**

1. PLACE OF DEATH: **Jackson** **2**
(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(c) Name of hospital or institution: **1216 Penn.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Months**
In this community **7 Months**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1216 Penn.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Harry WOLF.** **410**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

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 **September 13th 1906**
(Month) (Day) (Year)

8. AGE: Years **33** Months **1** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Cleveland Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____
12. Name **Agusta Wolf** **6**
13. Birthplace **Germany** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Barbra Schmidt**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Clarence A. Wolf**
(b) Address **1100 Summitt. (Brother)**

17. (a) **Burial** (b) Date thereof **11/10/39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park.**

18. (a) Signature of funeral director **Melody-McGillev**
(b) Address **K. C. Mo.**

19. (a) **Nov 11 1939** (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **11** day **7** year **1939** hour **8** minutes **17** M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **Carbon Monoxide Poisoning**

Due to **Gas Burner - sleeping room**

Due to _____

Other conditions (include pregnancy within 3 months of death) **178**

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **11-7-39**
(c) Where did injury occur? **KC Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **4** (Specify type of place) (e) Means of injury

23. Signature **Russell** (M. D. or other)
Address _____ Date signed _____

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

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

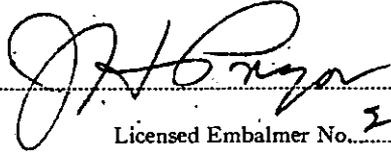
Rev. 5-17-39
11 X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 

Licensed Embalmer No. 2999

P. O. Address K.C. 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, above space should be left blank.