URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED WS SEP 25 1959

59-032665

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4475

NDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cresthaven Nursing H. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4127 Locust — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Frances — Middle: — Last: Wolff
4. DATE OF DEATH: Month: Aug. — Day: 30, — Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 9, 1881
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lawrence, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Carnie Babcock
13b. MOTHER'S MAIDEN NAME: Martha Gillette
14. NAME OF HUSBAND OR WIFE: Hans H. Wolff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Dick Woods, Kansas City, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Sept 1955 to Aug 30, 1959 and last saw her alive on Aug 30, 1959
Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harold W. Voth (Degree or title): M.D.
22b. ADDRESS: 201 Plaza Med. Bldg. Kansas City, Mo.
22c. DATE SIGNED: Aug 31, 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept. 6, 1959
23c. NAME OF CEMETERY OR CREMATORY: Arlington Cemetery ~~Stine & McClure Crypt~~
23d. LOCATION (City, town, or county) (State): Arlington, Virginia ~~Kansas City, Missouri~~

24. FUNERAL DIRECTOR: Stine & McClure, Kansas City, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 9-14-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Sept. 6, 1959 Aug. 31, 1959
Arlington Cem. Arlington Va. Stine & McClure, Kansas City
23 b 23c, 23d BY AFFIDAVIT OF Harold W. Voth Funeral Director
3-2-60 nns 3-2-60 nns
DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Joe B. Yode

Signature of Student Embalmer

Licensed Embalmer No. 4173

P. O. Address K. C. 2

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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