

REC'D JUL 17 1938

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

23038
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 79/38
(b) Township Marshall Primary Registration District No. 9-6
(c) City Marshall, Mo. (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Martin Vollrath

(a) Residence, No. Marshall, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11, 1870</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>" "</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Pilot Grove, Mo.</u> (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Ervin Vollrath</u> (ADDRESS) <u>Marshall, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hess Creek Cemetery</u> DATE <u>June 11, 1938</u>		
19. FUNERAL DIRECTOR <u>J. L. Sweeney</u> (ADDRESS) <u>Marshall, Mo.</u>		
20. FILED <u>6-11-1938</u> <u>Ingru Kent</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9 1938

22. I HEREBY CERTIFY That I attended deceased from June 1 1938 to June 9 1938.
I last saw him... alive on June 8 1938. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage June 8
hypertension
Other contributory causes of importance: fat

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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) Robert Kayne, M. D.
(Address) Marshall Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Sussney, Licensed Embalmer No. 3233
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Leslie Sussney
..... L. E.
No. 3235 or by, Registered Apprentice No.
working under my personal supervision.

Signed

J. Leslie Sussney
Licensed Embalmer No. 3235

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.)