

REC'D DEC 5

1938

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

39110

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township Washington Primary Registration District No. 5464
 (c) City Washington (d) Street No. _____
 (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 64 yrs. 9 mos. 8 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

456 HENRY FRANK VOLLMER
 (a) Residence, No. KRAKOW 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF ANNA ELIZABETH SLUETER
 (or) WIFE OF ANNA
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 4 - 1873

7. AGE 65 YEARS MONTHS 8 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 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) CLIVER BOTTOM MO

FATHER 13. NAME HENRY VOLLMER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLOVER BOTTOM MO

MOTHER 15. MAIDEN NAME LOUISA SCHAEFER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLOVER BOTTOM MO

17. INFORMANT (ADDRESS) MRS FRANK VOLLMER
KRAKOW MO

18. BURIAL, CREMATION, OR REMOVAL ST GERTRUDES
 PLACE KRAKOW MO DATE Nov. 15 - 1938

19. FUNERAL DIRECTOR OTTO & CO
 (ADDRESS) WASHINGTON MO

20. FILED Nov. 15 - 1938 Kramay
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to Nov 12, 1938

I last saw him alive on Nov 12, 1938 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Atherosclerosis

Other contributory causes of importance:

Hypertension

Name of operation none 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) Louis J. Hauer, M.D.

(Address) Union MO

STATEMENT BY LICENSED EMBALMER

I, Henry W. Otto, Licensed Embalmer No. 3560

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Signed: Henry W. Otto, Registered Apprentice No. _____

Licensed Embalmer No. 3560

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.)