

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 49

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 72

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

3. (a) PRINT FULL NAME John Fredrick Volmer 456
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month Apr - day 1
year 1940 hour 8:15 minute _____ P. M.

MEDICAL CERTIFICATION

4. Sex male 5. Color or race white
6. (b) Name of husband or wife Allen Volmer
7. Birth date of deceased Sep-4-1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1937, 19____ to April 1, 1940
that I last saw him _____ alive on April 1, 1940
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>27</u>	hr. _____ min.

Immediate cause of death Shock from a fall from platform & injury to leg and back
Due to schlem of renal gland
Due to _____

9. Birthplace Layette Indiana
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 186 W

10. Usual occupation Retired Stone Cutter
11. Industry or business _____
MOTHER FATHER {
12. Name Jacob Volmer to
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rosana Gahner
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

Major findings: no operation
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature John Volmer
(b) Address Warrensburg
17. (a) Burial (b) Date thereof Nov 3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.
19. (a) April 2-40 (b) Car & Sunday 25
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence April 2-1940
(c) Where did injury occur? back yard of home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? yes (Specify type of place) (e) Means of injury _____
23. Signature J. J. [unclear] (M. D. certifier) _____
Address Warrensburg Date signed Apr 140

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 4-11-49

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.....

Earl Priest

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Earl Priest*.....

Licensed Embalmer No. 3878

P. O. Address Warrenburg, 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.