

No. 2
1-10-39
DEC 12 1940

Registration District No. 30

Primary Registration District No. 5041

Registrar's No. 59

1. PLACE OF DEATH: Barry

(a) County Barry

(b) City or town Rural - Cappobreak
(If outside city or town limits, write "RURAL" and name of township)

(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 _____
(Specify whether _____)

In this community _____
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry

(c) City or town Rural - Cappobreak
(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. 0 years.

8. (a) PRINT FULL NAME John H. Volk

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1940 hour 9 minute P. M.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophie Volk

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 16 1938 to Nov. 12 1940
that I last saw him alive on Nov. 9 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 4 Days 0 If less than one day
hr. _____ min. _____

Immediate cause of death Coronary embolism

9. Birthplace New York NY
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to Coronary sclerosis

Due to _____

11. Industry or business _____

12. Name Anton Volk

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret

15. Birthplace Germany
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Sophie Jaekel

(b) Address Prince City Mo

17. (a) Burial (b) Date thereof Nov 15
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Willis E. Bos

(b) Address Prince City Mo

19. (a) 11-14-1940 (b) W. M. West
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3. While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature L. Mason Lyons (M. D. or other) _____

Address Prince City Date signed 11/13/40

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

RECEIVED

District Health Officer No. 6,

District File Number 1240-3008

Date Filed DEC 11 1949

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

Edwin S. Wilks

Registered Apprentice No. _____

working under my personal supervision.

Signed

Edwin S. Wilks

Licensed Embalmer No.

4131

P. O. Address

Gene City 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.