

REC'D MAR 17 1944

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

7066  
Do not use this space.

1. PLACE OF DEATH  
(a) County Henry Registration District No. 357  
(b) Township Fairview Primary Registration District No. 5492 Registered No. 5  
(c) City Deepwater R.R. (d) Street No. 142 St. 0  
(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 Catharine Wilhelmine Bertha Volkmann  
(a) Residence, No. Deepwater, R.R. #2 St. 0  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 0  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1877  
7. AGE YEARS 63 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper  
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) Clinton, Mo. 0  
FATHER 13. NAME Christain Volkmann  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4  
MOTHER 15. MAIDEN NAME Carolina Swarts  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4  
17. INFORMANT (ADDRESS) Mrs. Otto Volkmann  
18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Feb Mar 2, 1944  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. L. Dausaub, Clinton, Mo.  
20. FILED Feb 27, 1944 J. J. Gussel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1941  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to Feb 27, 1941  
I last saw him alive on Feb 26, 1941. Death is said to have occurred on the date stated above, at 1 P.M.  
The principal cause of death and related causes of importance were as follows:  
apoplexy  
Chronic Arthritis  
Date of onset 2-21-41  
Other contributory causes of importance: 10 yrs. duration  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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) H. L. Dausaub M. D.  
(Address) Clinton, 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.

4200

RECEIVED

District Health Officer No. 7,

District File Number 3-41-546

Date Filed 3-13-41

---

---

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~~.....

H. A. Vansant....., Registered Apprentice No.....  
working under my personal supervision.

Signed H. A. Vansant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton 240.....

**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.