

FILED MAR 2 1942
Registration District No. 8844

Primary Registration District No. 6176

Registrar's No. 3

1. PLACE OF DEATH:

(a) County **Warren**
(b) City or town **Rural--Charrette**
(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 **32 years.** years, months or days)

3. (a) PRINT FULL NAME **HERMAN A. VOELKERDING**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased **November 20 1853**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	2	5	hr. _____ min. _____

9. Birthplace **Augusta, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Voelkerding**

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

14. Maiden name **Catherine Struckhoff**

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

16. (a) Informant **Mary Pieper**

(b) Address **Marthasville, Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 28-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dutzow, Missouri**

18. (a) Signature of funeral director **F. W. Lichtenberg**

(b) Address **Marthasville, Missouri**

19. (a) **Jan 27/42** (b) **H. C. Johnson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1/2 mile East of Dutzow, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January**, day **25**
year **1942** hour **3:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **Dec 1 1941** to **Jan 25 1942**
that I last saw him alive on **Jan 24 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute myocardial infarction	1 hr.
ch. infarction	5 yrs.
General arteriosclerosis	10 years

Due to **Senility** **10 yrs**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **1316**
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature **Herman H. Schmidt** (M. D. or other) _____
Address **Marthasville** Date signed **Jan 27-42**

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

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.....

Delmer F. Lichtenberg, Registered Apprentice No. *318*
working under my personal supervision.

Signed.....

Fred. W. Lichtenberg
Licensed Embalmer No. *1321*

P. O. Address... *Marthasville, 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, fact should be so stated above.