

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI

9913

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 164

Primary Registration District No. 3037

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
502 South Holden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 22 years
(Specify whether years, months or days)

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. 502 South Holden
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Bertha Martha Volk

3. (b) If veteran, name war. (c) Social Security No.

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

6. (b) Name of husband or wife Paul Volk 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 27 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Dane Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Zoellner

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

14. Maiden name Unknown

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

16. (a) Informant Paul Volk

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Mar. 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (e) Signature of funeral director H. P. Hiland

(b) Address Warrensburg, Mo.

19. (a) Mar. 4, 1946 (b) Sadenech Oentel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 2
1946, to March 2, 1946
that I last saw him alive on March 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Left Cerebral Hemorrhage Duration 2 1/2 hrs

Due to Myocardium Cordis - Vascular Disease 2 1/2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]
Of autopsy

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?

(Specify type of place) While at work? (e) Means of injury [Symbol]

23. Signature [Signature] (M. D. or other)

Address Warrensburg, Mo. Date signed March 4, 1946

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

MOTHER - FATHER

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(Licensed Embalmer's Statement on Reverse Side)

APR 6 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 myself
....., Registered Apprentice No.....
working under my personal supervision.

Signature Samuel M. Cleary
Licensed Embalmer No. 3557
P. O. Address Warrensburg, 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.