

FILED MAY 14 1946
Registration District No. 52

Primary Registration District No. 5187

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Russellville, Mo.
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution Gordonville Mo R#11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Lifes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town R.F.D. #1, Russellville
(If outside city or town limits, write "RURAL")

(d) Street No. Hubble Run
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HENRY VOLKERDING

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____

4. Sex Mo 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 7 1876
(Month) (Day) (Year)

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 1 Days 9
If less than one day hr. _____ min. 0

Immediate cause of death Coronary Thrombosis

Due to Arterio-Sclerosis

Due to _____

9. Birthplace Gordonville, Mo.
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Henry Volkerding

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

14. Maiden name Agrotine Hennrich

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

Major findings: Of operations _____

Of autopsy 94%

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jos. Volkerding

(b) Address Gordonville, Mo.

17. (a) Burial (b) Date thereof 4/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gordonville, Mo.

18. (a) Signature of funeral director W. S. Conroy

(b) Address Jackson, Mo.

19. (a) 4-27-46 (b) D. S. Luth
(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) _____

(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)

(e) Means of injury 3

23. Signature Dr. J. F. Liguori (e) Coroner

Address Jackson, Mo. Date signed 4/29/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
11406

RECEIVED

District Health Officer No. 4
District File Number 546-2139
Date Filed 5-13-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed BH Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.