U. S. No. 2
00M—2-43
Rev. 5-17-39
Reg. I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1947

Registration District No. 13

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1580

Primary Registration District No. 6293

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town rural -- Sheridan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, Carthage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----------

3. (a) PRINT FULL NAME REBECCA ELLEN VOLLNOGEL

3. (b) If veteran, name war NONE

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife John A. Vollnogel

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

7. Birth date of deceased August (Month) 24 (Day) 1857 (Year)

8. AGE: Years 89 Months 5 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business ----------

FATHER
12. Name John Crecelius
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Nancy Seybolt
15. Birthplace unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. M. E. Lawrence
(b) Address Route 1, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 27, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem, Joplin

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo

19. (a) 1-25-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1947 hour 4 minute 25-A- M.

21. I hereby certify that I attended the deceased from 1-1-1940, 19__, to 1-24-47, 19__; that I last saw her alive on 1--23--1947, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure — Duration

Due to Cardio-Renal Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

31 A

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 0

Signature W. H. Knott M.D. (M. D. or other)
Address Jasper, Mo. Date signed 1-24-47

139

(Licensed Embalmer's Statement on Reverse Side)

47-1:24

JUL 3 1947

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Lucy Knell-Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.