

S. No. 2  
M-5-43  
v. 5-17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28652**  
Registrar's No. **112**

**FILED SEP 8 1947**

Registration District No. **290**

Primary Registration District No. **4427**

**1. PLACE OF DEATH:**

(a) County Pulaski

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

(c) Name of hospital or institution:  
Waynesville General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs.  
(Specify whether years, months or days)

In this community 10 hrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Texas **107**

(c) City or town Ben Davis  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Elmer Volner, Jr.

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Aug. day 24  
year 1947 hour 11 minute P. M.

**21. I hereby certify that I attended the deceased from** Aug. 24, 1947, 19\_\_\_\_, to Aug 24, 1947, 19\_\_\_\_;  
that I last saw him alive on Aug 24, 1947, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 28 1911  
(Month) (Day) (Year)

Immediate cause of death  
Pneumonia, bronchial  
2da.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>3</u>	<u>6<sup>3</sup></u>	<u>27</u>	____ hr. ____ min.

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Elmer Volner, Sr.

13. Birthplace Mountain Grove, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Skaggs

15. Birthplace Ben Davis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Volner, Sr.

(b) Address Ben Davis, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-25-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Ben Davis, Mo.

18. (a) Signature of funeral director Dayton D. Elliott  
(b) Address Cabell, Mo.

19. (a) Sept 2, 1947 (Date received local registrar) (b) William C. Buchberger (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm R. Little (M. D. or other) \_\_\_\_\_  
Address Waynesville, Mo. Date signed 8/25/47

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

*Not Embalmed*

Signed Gaylord V. Elliott  
Licensed Embalmer No. 9252  
P.O. Address Cabool

**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.**