

FILED OCT 1 1947

State File No. _____

Registration District No. 32

Primary Registration District No. 4043

Registrar's No. 70

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town MARBLE HILL
(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 3 yrs. years, months or days

3. (a) PRINT FULL NAME MARTHA VOLKATH

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

4. Sex M. 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 Jan. 28 1897 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 7 28 hr. min.

9. Birthplace Jaylarville Ill. (City, town, or county) (State or foreign country)

10. Usual occupation H. W.

11. Industry or business _____

12. Name Benjamin Dixon
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Eugenia Blaw Martin
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane Whitehead
(b) Address Marble Hill, Mo.

17. (a) Removal (b) Date thereof Sept. 28, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, Ill.

18. (a) Signature of funeral director A. J. Baker

(b) Address Lutesville, Mo.

19. (a) Sept. 27, 1947 (b) Willie Pauls (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BOLLINGER
(c) City or town MARBLE HILL (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th year 1947 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion
Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 94A
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 3

23. Signature John J. Myers Coroner
Address Lutesville, Mo. Date signed 8/27/47

NOV 19 1947

RECEIVED

Health Officer No. 4

File Number 947-1258

9-30-47

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 *J. E. Graham*

Licensed Embalmer No. 4012

P. O. Address *Lutesville, 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.