

FILED DEC 30 1947

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

George M. Vollmer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 December 19th 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Laborer

11. Industry or business _____

12. Name George Vollmer

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

14. Maiden name Amie Shaffer

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

16. (a) Informant Kenny Vollmer

(b) Address Union Mo

17. (a) Burial (b) Date thereof 12/22/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emmulation Cemetery

18. (a) Signature of funeral director E. F. O. Thomas

(b) Address Union Mo

19. (a) DEC 20 1947 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
year 1947 hour 4 minute 15 a.m.

21. I hereby certify that I attended the deceased from 12-15 to Dec 19
that I last saw him alive on Dec 18
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Gall Bladder with Acute Peritonitis
Due to Acute Cholecystitis
Due to _____

Other conditions Arteriosclerotic changes, Vascular Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 97D

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) Means of injury 0

23. Signature B. H. Stulman (M. D. or other) 17D
Address Union Mo Date signed 12-19-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-29-47

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.....

E. F. Olthmann

Licensed Embalmer No. *1686*

P. O. Address *Union 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.