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FILED JAN 27 1948
Registration District No. 59

Primary Registration District No. 3010

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
1527 Dunklin Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 1527 Dunklin Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Bettie Vollmer

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

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Charles Vollmer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6, 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Ancel Ervin

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

14. Maiden name Nancy Waller

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

16. (a) Informant Mrs. Burl Conrad

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 1/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 1-22-48 (b) G. G. Summer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th
year 1948 hour 10 minute 10 AM.

21. I hereby certify that I attended the deceased from 1/5 - 1/15, 1948 to 1/15 - 1/15, 1948
that I last saw her alive on 1/15 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Thrombosis Duration _____

Due to Hypertension

Due to _____

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

Major findings:
Of operations _____

Of autopsy 94A

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 0

23. Signature [Signature] (M. D. or other) _____
Address [Signature] _____

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

RECEIVED

Health Officer No. 4
File Number 148-
Date filed 1-26-

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 *William Lee Thomas*

Licensed Embalmer No. *4410*

P. O. Address *Cape Girardeau, 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.