

FILED MAY 10 1948

Registration District No. **290**

Primary Registration District No. **5769**

1. PLACE OF DEATH: **Mercer**
 (a) County **Mercer**
 (b) City or town **Lindley Twp.**
 (c) Name of hospital or institution: **no**
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution **no**
 In this community **all her life**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Mercer**
 (c) City or town **Rural**
 (d) Street No. **no**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no**

3. (a) PRINT FULL NAME **Martha Volk**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**
 4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Roy Volk** 6. (c) Age of husband or wife if alive **49** years
 7. Birth date of deceased **Aug. 5, 1903**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	8	19	hr. min.

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

10. Usual occupation **housewife**

11. Industry or business **Elvious Overton**

12. Name **Elvious Overton**
 13. Birthplace **Mo.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Emma Hamilton**
 15. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mercer, Mo**
 (b) Address **burial**
 17. (a) (Burial, cremation, or removal) **burial** (b) Date thereof **4-26-48**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Farley**
 18. (a) Signature of funeral director: **Noel Moss**
 (b) Address **Princeton, Mo**

19. (a) **4-26-48** (b) **M. J. Rutledge**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **26** year **1948** hour **11** minute **30** M.
 21. I hereby certify that I attended the deceased from **April 26, 1948** to **April 26, 1948**
 that I last saw him alive on **April 26, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diagnosis road alcohol	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **no**
 (b) Date of occurrence **4-26-48**
 (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)
 23. Signature **W. J. Rutledge** (M. D. or other) **Coroner**
 Address **Princeton** Date signed **4-26-48**

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

MOTHER FATHER

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

JUL 14 1950

DISTRICT HEALTH OFFICE
Cameron, Mo.

OCT 25 1950

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 *Mr*

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

Signed *Neil Smith*

Licensed Embalmer No. *2634*

P. O. Address *Cumulan 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.

Registration District No. 210

Primary Registration District No. 5769

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Stindley Sup
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 Martha Volk

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Aug year 1948 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from _____ 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 _____

4. Sex F

5. Color or race w

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

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

7. Birth date of deceased: Aug 5 (Month) 1900 (Day) 1900 (Year)

8. AGE: Years 44 Months _____ Days _____ (Unless than one day)

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Craniocerebral trauma

(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 _____ (M. D. or other)

Date signed _____

SUPPLEMENTARY

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

MOTHER, FATHER

S-13391

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