FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 6 1948
Registration District No. 299

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20512
Primary Registration District No. 6025
Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Rural, Black River
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Reynolds 90
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gary Lee Volner
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 5 1948
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace Reynolds County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Silas H. Volner
13. Birthplace Reynolds Co. Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Fernetta Johnson
15. Birthplace Reynolds Co. Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Silas H. Volner
(b) Address Black Missouri Rt. # 1
17. (a) burial (b) Date thereof 4-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Missouri
18. (a) Signature of funeral director White Funeral Home
(b) Address A. J. White Ironton Mo.
19. (a) 4/13/48 (b) C. M. Tuffatrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1948 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from 4-6, 1948, to 4-6, 1948
that I last saw him alive on 4-6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	few hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

160a

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature D. F. Bull (M. D. or other) MD
Address Ironton Mo. Date signed 4/7/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-2-48
District Health Officer No. 5,
District File Number 748 421
Date Filed 7-2-48

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 Was not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton 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.