

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19857**
2560
Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2560</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (In this place) 7 Years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS 3517 Olive		d. STREET ADDRESS (If rural, give location) 3517 Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3517 Olive				d. STREET ADDRESS (If rural, give location) 3517 Olive			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Bertha		b. (Middle) R.		c. (Last) Vollmers		DATE OF DEATH (Month) (Day) (Year) June 12th. 1949	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 16-1896	
9. AGE (In years last birthday) 53 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David C. Nauman		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE John Vollmers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		18. SOCIAL SECURITY NO. 500-14-7775		17. INFORMANT'S SIGNATURE OR NAME John Vollmers			
18. CAUSE OF DEATH				14. ADDRESS 3517 Olive			
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION Deputy Coroner	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE A.E. Upsher		23b. ADDRESS 700 2800 main		23c. DATE SIGNED 6/13/49			
24a. BURIAL CREMATION (REMOVAL) (Specify) burial		24b. DATE 6/15/49		24c. NAME OF CEMETERY OR CREMATORY Mound City Cemetery		24d. LOCATION (City, town, or county) (State) Mound City, Mo.	
DATE REC'D BY LOCAL REG. 6-13-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons Funeral Home			
				ADDRESS 4139 Truman Rd. K.C. Mo.			

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

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

William H. Eary

Student Embalmer No. *241*

working under my personal supervision.

Signed *William H. Eary*
Student Embalmer

Signed

John B. Eary

Licensed Embalmer No. *2935*

P. O. Address *19. C. Med*

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.