FILED MAY 2	1055	THE	DIVISION OF H	EALTH OF MISSO	/UKI				-
HED MAIL	. 1550	STAN	NDARD CERTI	FICATE OF DE	ATH	Stat	e File No.::	161	74
BIRTH NO		REG. DI	st. no. 137	_PRIMARY REG. DIST	. но <u>4-2</u>				34
I. PLACE OF DEA	TH			2 USUAL RESI	DENCE (W	here decessed	lived. If in	titution:	residence be
COUNTY	Henry			a. STATE MO.		b. CC	NINTY	### I	a dunimals
b. CITY (If outside cor		DIIDAId	ve l.c. LENGTH O	-!I				•	
OR TOWN Fairv	•	tow	onahip) C. LENGTH O	TOWN Deept	vater		d is Re-	or incorpor	2
		institution, giv	street address or location	ADDRESS RF		rive location)			
3. NAME OF	a. (First)		b. (Middle)	c. (Last)		4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)	OTTO		H. VC	LKMAN		OF DEATH M		1956	
	COLOR OR RACE	1.7. MARRI	ED NEVER MARRIED.	I 8 DATE OF BIRTH	<u> </u>	9. AGE (In ye			OF CHOCK IN H
	hita	WIDOW	ED. DIVORCED (Specify)		101	last birthday) Months	Days .	Hours Mi
MALE OCCUPATION		Marr	OF BUSINESS OR IN	Jan. 22, 13		<u> </u>	·- · ·	22	ZEN OF WH
done during most of working Farming			DUSTR'	Henry Co.	City and State	or Foreign C	Ouatry)	USA	TRY?
3a. FATHER'S NAME	*	1:	36. MOTHER'S MAIDE			E OF HUSBA	ND'OR WIF	E	
Christian Vo	olkman		Caroline Sc	hwartz	Neva	Volkma	n		
IS. WAS DECEASED EVE		FORCES? I	16. SOCIAL SECURITY	_					DDRESS
Yea, no. or unknown) (If	yes, give war or dates	a of cervice)	1101 03 10	Mrs. Otto	In Iman	Deenwa	ter M	o. RI	ਨਾ. 2
	-			CERTIFICATION	· OLIMICAL	, воорна	001 ,		VAL BETWEE
18. CAUSE OF DEATH									
Enter only one cause per 1	1. DISEASE OR C	CONDITION		<i>D</i>	+	منائب		ONSE	AND DEAT
	I, DISEASE OR C DIRECTLY LEAD	CONDITION DING TO DEA	TH*(a)	may he	لمسم	_dise	ممه	ONSE	AND DEAT
line for (a), (b), and (c)	ANTECEDENT C	CAUSES	TH*(a)	<i>D</i>	tuat -i.	<u>diae</u>	e e e e e e e e e e e e e e e e e e e	ONSE	AND DEAT
This does not mean	ANTECEDENT C	CAUSES	TH(a)	<i>D</i>	rleis_	dise selei	ose osis	ONSE	AND DEAT
This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT C	CAUSES	TH(a)	<i>D</i>	rleis_	dise selei	oss os	ONSE	AND DEAT
This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-		CAUSES	TH*(a)	<i>D</i>	rleis_	dise sele	ose ois	ONSE	AND DEAT
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision..

Signed Hid. Varisant

Signature of Student Embalmer

Signature of Student Embalmer

Licensed Embalmer No. 377

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.