FILED SEP 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29203

Do not use this space.

1. PLACE OF DEATH
(a) County: Reynolds — Registration District No.: 954
(b) Township: Ashrole — Primary Registration District No.: 5979a — Registered No.: 2
or
(c) City: ... (d) Street No.: ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Mary Volner
(a) Residence, No. ... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word): widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~): Ely Volner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 14 1861
7. AGE: Years 79 1861 — Months Mar. — Days 14 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as saw mill, bank, etc.: no
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

FATHER
13. NAME: John Nesby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): born in Tennessee

MOTHER
15. MAIDEN NAME: Rebecca Ritchson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): born in Tennessee

17. INFORMANT (ADDRESS): Ely Volner, Bunker Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stevenson DATE: Feb 23, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Harvey Shepard, Black Jack

20. FILED: Mar. 12 1941 Varlukin Cole, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 21, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1941, to Feb. 21, 1941
I last saw h[illegible] alive on Feb. 19, 1941. Death is said to have occurred on the date stated above, at 1:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

Other contributory causes of importance: 93d

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) L. L. Henson, M. D.
(Address) Bunker, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29203

Registration District No. 954 Primary Registration District No. 5979 Registrar's No.

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

Salem

1. PLACE OF DEATH:
(a) County: Reynolds
(b) City or town: Carroll Twp
(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 years, months or days)
In this community .....

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: Mary Volner
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: Wid
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Mar (Month) 14 (Day) 1865 (Year)
8. AGE: Years 79 Months 11 Days ..... If less than one day ..... hr. ..... min.
9. Birthplace ..... (City, town, or county) ..... (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

MOTHER FATHER
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) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day ..... year 1941 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 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
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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)
(b) 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) .....
Address ..... Date signed .....

SUPPLEMENTARY