

FILED JUN 18 1942

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

17277

Do not use this space.

## 1. PLACE OF DEATH

(a) County Atchison Registration District No. 17  
(b) Township \_\_\_\_\_ Primary Registration District No. 1111  
(c) City Fairfax mo 1 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME HENRY VOLKER

(a) Residence, No. Fairfax St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 16 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 8 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Illinois 113. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 115. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 117. INFORMANT (ADDRESS) H. E. Volker, Fairfax Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Greenhill Red Path DATE May 20 194219. FUNERAL DIRECTOR (NAME) (ADDRESS) J. D. Bestman, Rock Port Mo.20. FILED May 19, 1942 Mo. David Marti Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 194222. I HEREBY CERTIFY, That I attended deceased from Feb., 1941, to May 18, 1942I last saw h. alive on May 18, 1942 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

Terminal pneumonia 5/1/42  
1318

Other contributory causes of importance:

Ch. Uremia  
Ren. arteriosclerosis  
Senility

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H. C. Bauman, M. D.(Address) Fairfax, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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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 embalmed by me, or by By Me.  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

J B Bertram

Licensed Embalmer No. 4024

P. O. Address Rock Port 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, above space should be left blank.**