

NOV 12 1943

State File No. ....

Registration District No. 214

Primary Registration District No. 5782

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County Miller  
(b) City or town St. Elizabeth Mo  
(c) Name of hospital or institution: OS Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether)  
In this community 70 years (years, months or days)

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

3. (a) PRINTED FULL NAME Mary Elizabeth Volmert  
3. (b) If veteran, name war. .... No. ....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 13<sup>th</sup>  
year 1943 hour 7: minute 45 P. M.  
21. I hereby certify that I attended the deceased from February 13<sup>th</sup> 1939 to Oct 13 1943  
that I last saw her alive on Oct 1 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife John Volmert 6. (c) Age of husband or wife if alive 5 years 1863 (Month) (Day) (Year)

Immediate cause of death Carcinoma - Metastatic origin Lemphatic Oculitis  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 498

8. AGE: Years 80 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Richfountain Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER  
11. Industry or business .....  
12. Name Frank Buechter  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Bertuske Duke  
15. Birthplace Germany (City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: Of operations .....  
Of autopsy .....  
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Volmert  
(b) Address St. Elizabeth Mo

17. (a) Burial (b) Date thereof October 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lawrence cemetery

18. (a) Signature of funeral director H. H. Strop  
(b) Address Meta Mo

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?  
While at work? (Specify type of place) (c) Means of injury  
23. Signature M. E. Humphrey (M. D. or other) D.O.  
Address Liscomb, Mo Date signed 10-14-43

19. (a) Oct 14 1943 (Date received local registrar) (b) John S. Schuerman (Registrar's signature)

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

RECEIVED

Miller County Health Dep't:

County File Number 43-188

Date Filed 11-8-43

JAN 2 01944

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H H Throp

Licensed Embalmer No. 2924

P. O. Address Meta 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.