

U.S. No. 3906
M-10-47
7-5-17-39
I 3906

FILED JUN 1 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2078

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Devine Bros. Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)

In this community 1 month
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sumner 999

(c) City or town Caldwell 14
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John. P. Volk.

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 6, 1948, to May 16, 1948;
that I last saw him alive on May 16, 1948;
and that death occurred on the date and hour stated above.

4. Sex M. 0 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie G. Volk

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 8, 1891
(Month) (Day) (Year)

Immediate cause of death _____ Duration

Chronic interstitial nephritis 2 years

Due to Myocardial Infarction 3 weeks

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

57	3	8	hr. _____ min.
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Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Peter V Volk

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Nolting

15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie G. Volk

(b) Address Caldwell, Kans.

17. (a) Removal (b) Date thereof May 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caldwell, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Str. Kansas City, 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? _____

19. (a) 5-16-48 (b) S. Geraldine Holmes
(Date received local Registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M.D. or other)

Address M.C. [Signature] Date signed _____

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

MOTHER FATHER

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..... *Elmer C. Wedekin*.....
Licensed Embalmer No. *3495*.....
P. O. Address..... *N. C. 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.