

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **14166**MAY 9 1941
Registration District No. **28**Primary Registration District No. **3019**Registrar's No. **134**

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Cape Girardeau, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community.

years, months or days)

8. (a) PRINT
FULL NAMEAlice J. Volkerding

8. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

F

5. Color or
-
- race

W

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

6. (b) Name of husband or wife.

Al J. Volkerding

6. (c) Age of husband or wife if

alive 65 years

7. Birth date of deceased.

April181871

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

691116

hr.

min.

9. Birthplace.

Cape Girardeau County, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

housewife

11. Industry or business

MOTHER FATHER

12. Name

John Abraham

13. Birthplace

unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Laura Penney

15. Birthplace

unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Mrs. Leona Kinder

- (b) Address

Jackson, Mo.

17. (a)

(Burial, cremation, or removal)

- (b) Date thereof

4/16/41

(Month) (Day) (Year)

- (c) Place: burial or cremation

Gravelville, Mo.

18. (a) Signature of funeral director

McComb Funeral

- (b) Address

Jackson, Mo.

19. (a)

(Date received local registrar)

- (b)

John Thompson

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Cape Girardeau

- (c) City or town

Rural

(If outside city or town limits, write "RURAL")

- (d) Street No.

(If rural, give location)

- (e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- April
- day
- 4th

year 1941hour 2minute 30 P. M.

21. I hereby certify that I attended the deceased from
- Jan. 13-

1941, to April 4-, 1941;that I last saw her alive on April 3-, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Duration

Bladder with hyperplasia 80%13-Parasitic Cerebral Hemorrhage

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)

- (d) 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

W. A. Ford

(M. D. or other)

Address

Gravelville, Mo.Date signed 4/15/41

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

Thos H. Allen

Licensed Embalmer No.

4035

P. O. Address

Jackson, 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.