REC'D JUN 12 1938

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

21054
Do not use this space.

2504

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City K. C. Mo.
Registration District No. 399
Primary Registration District No. 1002
Registered No.
(d) Street No. 3923 Agnes 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 Joseph H. Vohs 200
(a) Residence, No. 3923 Agnes 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: Male
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: Mrs. Mary F. Vohs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6, 1869
7. AGE: Years 69, Months 5, Days 14. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer
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): Wea, Kansas 1

FATHER
13. NAME: Anthony Vohs 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Clara M. Vohs, 3923 Agnes
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wea, Kansas DATE June 23, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wagner Funeral Home, Kansas City, Mo.
20. FILED June 22, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938, to 6-20-, 1938
I last saw him alive on 6-11, 1938. Death is said to have occurred on the date stated above, at 3:55 m. pm
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset
8 2 01
Other contributory causes of importance:
Hyper Tension
Arteria Sclerosis
Name of operation: None Date of
What test confirmed diagnosis? Phys. findings Was there an autopsy? no
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: no
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. H. Owens, M. D.
(Address) 1034 Rialto Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

Rialto 13
906 Strand
Vi 2812

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.