

DEC'D OCT 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32174
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 296
 (b) Township Union Primary Registration District No. 5413 Registered No.
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. St. ☐ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Barbara Voss (Dee)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1874
 7. AGE YEARS 64 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Beaufort (STATE OR COUNTRY) Mo13. NAME Henry Voss14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 015. MOTHER'S NAME Sophia Klenke16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 617. INFORMANT Edward Voss (ADDRESS) Beaufort Mo18. BURIAL, CREMATION, OR REMOVAL Buried DATE Oct 1 193819. FUNERAL DIRECTOR E. J. Lemmon (ADDRESS) Beaufort Mo20. FILED 9-29- 1938 Laurel T. Howe M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1938
 22. I HEREBY CERTIFY, that I attended deceased from Sept 26 1938, to Sept 27 1938
 I last saw him alive on Sept 26 1938. Death is said to have occurred on the date stated above, at 1:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis Date of onset Not known

Other contributory causes of importance: 87/2Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No23. 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? No
If so, specify(Signed) R. H. Hulse M. D.(Address) Beaufort, Mo.

STATEMENT BY LICENSED EMBALMER

I, E H Lemme, Licensed Embalmer No. 3076

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E H Lemme

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

E H Lemme

Licensed Embalmer No. 3076

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.)