

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.

NOV FEB 25 1941

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

Do not use this space.

2523

## 1. PLACE OF DEATH

County Franklin  
Township Boone  
City (No)

Registration District No. 829 111  
Primary Registration District No. 3211 5415

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. 3 Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_

Ward 0

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1964-12-11

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 — 7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1967

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin MO

FATHER

13. NAME Frank J. Voss  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Mary Manhart  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Lillian Brindner  
Suburban Bourbon MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Japan MO DATE Dec 20 1940

19. UNDERTAKER (ADDRESS) Edgar W. Lippert  
Suburban Bourbon MO

20. FILED Jan 12 1941 C.W. Adams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1 1940 to Dec 18 1940

I last saw him alive on Dec 17 1940 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

Carcinoma of Stomach

Other contributory causes of importance: 466

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) R. P. Rose M. D.  
(Address) Suburban Bourbon MO

I hereby certify that the body whose  
name is recorded on the reverse side  
of this certificate was embalmed  
by me

Edgar W. Laffoon  
Licensed Embalmer # 3394  
Sullivan, Mo.

RECEIVED

Not Health Officer No. 5,

act File Number 241309

Filed \_\_\_\_\_