

1. No. 2
-4-13-40
5-17-39
PI X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6901**

Registration District No. **297**

Primary Registration District No. **5414**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Rural - St. Johns**
(c) Name of hospital or institution **Washington P.H.D. #1 W.**
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution **None**
(If not in hospital or institution, write street number or location)
In this community **6 mo. 23 da.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ROBERT ALPHONSE VOSS**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years
7. Birth date of deceased **July 17 1940** (Month) (Day) (Year)

8. AGE: Years **0** Months **6** Days **23** If less than one day hr. min.

9. Birthplace **Washington Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **Eduvin O. Voss**
13. Birthplace **Leslie Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Veronica E. Luvboda**
15. Birthplace **Washington Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Eduvin O. Voss**
(b) Address **Washington, Mo. P.H.D. #1 W.**

17. (a) **Burial** (b) Date thereof **Feb 10 1941** (Month) (Day) (Year)
(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Frederick Witt, Inc.**
(b) Address **Washington, Missouri**

19. (a) **Feb 10 1941** (b) **H.D. May** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Rural**
(d) Street No. **Washington, Mo. P.H.D. #1 W.**
(If outside city or town limits, write "RURAL")
(e) If foreign born, how long in U. S. A. **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **10** year **1941** hour **3** minute **00** A.M.

21. I hereby certify that I attended the deceased from **February 9**, 1941, to **Feb 10**, 1941; that I last saw him alive on **February 10**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Enterocolitis**
Caustic organism not known

Due to **20 hours**

Due to **11 1/2 hr**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **J.D. Potts** (M. D. or other) **0**
Address **Washington Mo** Date signed **2/10/41**

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

Lester H. Vitt

, Registered Apprentice No. _____

working under my personal supervision.

Signed

Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.