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5-17-39
P1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14471

Registration District No. 300 Primary Registration District No. 5417 Registrar's No. 5

36
0
0

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

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town RURAL LYON TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: GERALD ROUTE 1 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 66 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN 36

(c) City or town RURAL GERALD ROUTE 1 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME EMMA KATHERINE VOSSBRINK

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN H. VOSSBRINK

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased FEB. (Month) 26 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	9	hr. min.

9. Birthplace KIEL (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WILLIAM HOEMANN
13. Birthplace DETMOLD (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name KATHERINE KNEHANS
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MRS. JULIUS BUEKER
(b) Address GERALD MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-8-1941 (Month) (Day) (Year)
(c) Place: burial or cremation EBENEZER EV. CEM. BOEUF CREEK MO.

18. (a) Signature of funeral director W. F. Gottenstraeter
(b) Address OWENSVILLE

19. (a) 4-7-41 (Date received local registrar) (b) J. L. Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct, 1940 to April 5, 1941;
that I last saw her alive on April 5, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to Hypertension	
Due to Diabetes	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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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? (Specify type of place)
While at work? (e) Means of injury

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23. Signature Charles A. Schmidt M.D.
Address Gerald Mo Date signed 4/6/41

(Licensed Embalmer's Statement on Reverse Side)

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 Mr.

....., Registered Apprentice No.....

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Queenville 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.