S. No. 2
—1-4-41
5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24271

FILED AUG 5 1942

Registration District No. 2296 — Primary Registration District No. 5413 — Registrar's No.

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town RURAL. UNION Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Beaufort Rt 2 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36 60
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. Beaufort Rt. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN G. VOSS.
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced 2 W.
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased FEB. (Month) 22 (Day) 1872 (Year)

8. AGE: Years 70 | Months 5 | Days 9. | If less than one day hr. — min.

9. Birthplace KRAKOW (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation FARMING.
11. Industry or business

FATHER
12. Name HENRY VOSS.
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name SOPHIA LAUSE
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant Martin J. Voss.
(b) Address 2309 Delafield Ave Huston Tex.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Meyer Mo.
18. (a) Signature of funeral director E. H. Jenkins
(b) Address Beaufort Mo
19. (a) Aug 2/42 (Date received local registrar) (b) Conrad A Meyer (Registrar's signature)

1119 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1942 hour 2? minute a. M.
21. I hereby certify that I attended the deceased from July 23, 1942 to July 31, 1942
that I last saw him alive on July 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration 8 days.
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations No operations
Of autopsy No autopsy

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

23. Signature G. L. Matthews M.D.
Address Beaufort Mo Date signed 7-31-42

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 E. H. Temme, Registered Apprentice No. ....

working under my personal supervision.

Signed E. H. Temme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.