V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10784

State File No.

FILED MAR 31 1943

Registration District No. 7389

Primary Registration District No. 5701

Registrar's No. 4

59
0
0

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town (RURAL) Mooresville Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Green Twp
2 Miles North West-Mooresville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 59

(a) State Missouri (b) County Livingston 0

(c) City or town (RURAL) Mooresville, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles N. W. Mooresville, M
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Curtis Voorhes

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Sarah Voorhes

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

7. Birth date of deceased Sept. (Month) 25 (Day) 1852 (Year)

8. AGE: Years 90 Months 5 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Robert Voorhes
13. Birthplace ..... (City, town, or county) Pa. (State or foreign country) 1

MOTHER
14. Maiden name Caroline Curtis
15. Birthplace ..... (City, town, or county) New Jersey (State or foreign country) 1

16. (a) Informant June C. Voorhes

(b) Address R. F. B. Mooresville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-'43 (Month) (Day) (Year)

(c) Place: burial or cremation Mooresville Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe Mo

19. (a) 3-12-'43 (Date received local registrar) (b) Zoola Romeiser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1943 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1943, to Mar 9, 1943, that I last saw him alive on Mar 3, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarded insufficiency	15 yrs
Due to Senility	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

93

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 W Carpenter (M. D. or other)

Address Chillicothe Mo Date signed 3/10/43.

1003

(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 E. R. Norman, Registered Apprentice No. ....., working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri.

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.