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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 277

Primary Registration District No. 4412

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE

(c) City or town CURRYVILLE  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN FREDERICK VOSS

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

3. (c) Social Security No. 486-16-0468

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11 year 1944 hour 2 minute P. M.

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased JAN 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/10, 1944, to 2/11, 1944, that I last saw him alive on 2/11, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 1 Days 2 If less than one day hr. min.

Immediate cause of death Lobar pneumonia Duration 3 days

Due to Upper Respiratory Infection 1 week

Due to Diabetes Mellitus 3 yrs.

9. Birthplace EDWARDSVILLE ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name JOHN VOSS

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name DENNA TEPEL

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

Major findings: Of operations 61

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lora Keam  
(b) Address Curryville, Mo.

17. (a) Burial (b) Date thereof FEB 13 1944  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director W.S. Winters  
(b) Address Vandalia, Mo.

19. (a) Feb. 15 - 44 (b) Mrs. Frank Dodson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Thos. X. Dwyer, M.D. (M. D. number)  
Address Vandalia, Mo. Date signed 2/12/49

RECEIVED

District Health Officer No. 10

District File Number 3-44-585

Date Filed MAR-1-0-1944

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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.....

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

working under my personal supervision.

Signed M. S. Mater

Licensed Embalmer No. 74295

P. O. Address Vandalia 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.