S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 10192

Registrar's No. 1059

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1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community 14 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 835 West 4th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: John A. Voshall
3. (b) If veteran, name war: no
3. (c) Social Security No. 702-18-3620
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Abbie E. Voshall
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: July (Month) 4 (Day) 1874 (Year)
8. AGE: Years 69 Months 7 Days ~~15~~ 16 If less than one day hr. min.
9. Birthplace: Akron (City, town, or county) Ohio (State or foreign country) /
10. Usual occupation: R.R. Conductor
11. Industry or business: Mo. Pac. Ry.
MOTHER FATHER
12. Name: George S. Voshall
13. Birthplace: Cadiz (City, town, or county) Ohio (State or foreign country) /
14. Maiden name: Sarah E Maxwell
15. Birthplace: Cadiz (City, town, or county) Ohio (State or foreign country) /
16. (a) Informant: Abbie E. Voshall
(b) Address: 835 W. 4th St. Joplin, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Osawatomie, Kans
18. (a) Signature of funeral director: L. J. Eddy & Son
(b) Address: Osawatomie, Kans.
19. (a) 3-6-44 (Date received local registrar) (b) H. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1944 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from February 6, 1944 to February 20, 1944 that I last saw him alive on February 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio valvular disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 9th
Of autopsy: None

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: A. E. Usher M.D. (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 2-21-44

(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~~ .....

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

working under my personal supervision.

Signed F. Eddy

" "

Licensed Embalmer No. 1085

P. O. Address Osawatomie Kans

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.