. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16841

Registration District No. 115 — Primary Registration District No. 5433 — Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington, Rural, Union Tnship. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. #2. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether In this community 80 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington "Rural" (If outside city or town limits, write "RURAL")
(d) Street No. R. #2. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country X

3. (a) PRINT FULL NAME Edward H. Voss.
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of ~~husband~~ or wife Elizabeth Voss
6. (c) Age of ~~husband~~ or wife if alive deceased years
7. Birth date of deceased February (Month) 4th. (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	3	26	hr. min.

9. Birthplace Krakow. (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Farming.
11. Industry or business X

MOTHER
12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Edmund Voss
(b) Address Washington, Mo. R. #2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation (Clover Bottom) Washington, Mo. R. #2.
18. (a) Signature of funeral director Tilbury & Gitt, Inc.
(b) Address Washington, Mo.
19. (a) 6/2/45 (Date received local registrar) (b) Edmund A Voss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th. year 1945 hour 3:00 minute P. M.
21. I hereby certify that I attended the deceased from May 1, 1943 to May 30, 1945 that I last saw him alive on May 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration 2 or 3 Years

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): arth

Major findings: Of operations No operation

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 D. L. Matthews M.D. (M. D. or other)
Address Bemont Mo. Date signed 6/4/45

1119

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-8-45

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 Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.