S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 25 1945

State File No. 29955

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3793

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~~: LAKESIDE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 17-DAYS (Specify whether
In this community ~~2 WEEKS~~ 17 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County JERSEY 999

(c) City or town JERSEYVILLE - RURAL 11
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. #1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country ----

3. (a) PRINT FULL NAME MR HARRY V VOORHEES

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. NETTIE VOORHEES

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

7. Birth date of deceased FEBRUARY - 19 - 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	22	hr. min.

9. Birthplace SANGAMON COUNTY ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ----

FATHER
12. Name VOORHEES
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. H. WAINWRIGHT
(b) Address 3625 JACKSON AVENUE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof SEPT-13-1945
(Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ JERSEYVILLE, ILLINOIS

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-12-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 11TH
year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-26, 1945, to 9-11-45, 19__;
that I last saw him alive on 9-11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death embolism to heart — Duration few min

Due to Prostatectomy 9-11-45

Due to malignancy of prostate

Other conditions 51 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations metastatic malignancy of prostate
Of 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 2

23. Signature H. E. Schoen (M. D. or other) D.O.
Address 243 Werby Bldg Kemo Date signed 9-11-45

36 (Licensed Embalmer's Statement on Reverse Side)

243 Westy Bldg.
4-6

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 Emile M. Oilhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.