

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 313

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 days (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2218 Marion (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Frank E. Voss

3. (b) If veteran, name war none

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 Elise M. Voss 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October (Month) 22 (Day) 1870 (Year)

8. AGE: Years 75 Months 4 Days 21 If less than one day hr. _____ min. _____

9. Birthplace St. Joseph Missouri (City, town, or county) (State or foreign country)

10. Usual occupation partner

11. Industry or business Voss Bros. Wall Paper Co.

12. Name Henry Voss

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

14. Maiden name Katherine Keitzel

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

16. (a) Informant Mrs. Frank E. Voss

(b) Address 2218 Marion

17. (a) burial (b) Date thereof 3/16/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Nestor Bettel & Bowman

(b) Address St. Joseph, Mo.

19. (a) March 19, 1946 (b) A. J. W. [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1946 hour 11 minute 50P M.

21. I hereby certify that I attended the deceased from Oct 6, 1944 to Mar 13, 1946 that I last saw him alive on Mar 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death, Heart disease art. scler. Duration 4w

Due to Art. scler.

Due to _____

Other conditions art. obstruction partial (Include pregnancy within 3 months of death) cm.

Major findings: Of operations _____

Of autopsy 97

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address St. Joseph, Mo. Date signed 3-14-46

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

MOTHER FATHER

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MAR 24 1947

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 14700

....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph, 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.