

FILED JUN 12 1946
Registration District No. 290

Primary Registration District No. 4430

48

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Crocker, Missouri
(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 14 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Joseph William Voss

(b) If veteran, name war _____ (c) Social Security No. 489-20-2378

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased March 10 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 18
If less than one day hr. _____ min. _____

9. Birthplace London, England
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Clerk

11. Industry or business _____

MOTHER FATHER

12. Name Chas Voss
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Julia Lutchford
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Voss
(b) Address Crocker, Missouri

17. (a) Burial (b) Date thereof May 31, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem. St. Louis

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Mo.

19. (a) 6/6/46 (b) House B. McClintock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1946 hour 12:45 minute A M.

21. I hereby certify that I attended the deceased from May 26 1946, to May 28 1946; that I last saw him alive on May 28 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal Disease
Due to Rheumatic heart disease 16 yrs. Hypertension
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature John A. Michalek (M.D. or other) O.D.
Address Crocker, Mo. Date signed 5-28-46

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

16614

67 207

JUN 21 1949

AUG 8 1949

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Groesbeek, 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.