

FILED OCT 23 1946

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 310

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Osborne Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 407 Ash St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME WILLIAM LOUIS VOYLES

3. (b) If veteran, name war ✓

3. (c) Social Security No. 242600000

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Katie Wilson Voyles

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

7. Birth date of deceased: Feb. 28 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>6</u>	<u>27</u>	hr. min.

9. Birthplace: Shannon Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business _____

MOTHER FATHER

12. Name Albert Voyles

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

14. Maiden name Sarah Nash

15. Birthplace Shannon Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mae Williams

(b) Address 53 Main St, Osborn Grove Mo

17. (a) Burial (b) Date thereof Sept 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clement

18. (a) Signature of funeral director Benjamin Lind Co

(b) Address 313 Benham Bannockburn Mo

19. (a) 10-8-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Osborne Grove
(If outside city or town limits, write "RURAL")

(d) Street No. 407 Ash St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 25th, year 1946 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 25 1946 to Sept 25 1946 that I last saw him alive on Sept 25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach Duration 17yr

Due to _____

Due to _____

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

Major findings: H & B

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 _____

23. Signature John W. Smith (M. D. or other) MD

Address Osborn Grove Mo Date signed 9/25/46

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

309600000

RECEIVED

Health Officer No. 4

File Number 1046-2776

10-22-46

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 C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonnie Terre 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.