FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12091

FILED APR 27 1948

Registration District No. 3rd

Primary Registration District No. 30205434

Registrar's No. 53

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington. "Rural" St. John's
(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 71 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 Annie Mary Voss.
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband Harry Voss.
6. (c) Age of husband if alive 70 years
7. Birth date of deceased August (Month) 9th, (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	8	9	hr. min.

9. Birthplace Clover Bottom, Washington, Missouri.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework.
11. Industry or business X
MOTHER FATHER
12. Name John Baumker.
13. Birthplace Krakow. (City, town, or county) Missouri. (State or foreign country)
14. Maiden name Mary Gratemeyer.
15. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country)
16. (a) Informant Harry Voss
(b) Address Washington, Mo. R. #2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation Krakow, Mo.
18. (a) Signature of funeral director Nieburg & Veith, Inc.
(b) Address Washington, Mo.
19. (a) 4-14-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th.
year 1948 hour 10:00 minute 45 A. M.
21. I hereby certify that I attended the deceased from March 4 1948, to April 18, 1948, that I last saw her alive on April 17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. nephritis + myocarditis.	
Due to Arter. - sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chr. Anemia Chr. Arthritis spine	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address Washington Mo. Date signed 4-19-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed _____

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 Jerome F. Svoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.