

STANDARD CERTIFICATE OF DEATH

State File No. 22770

FILED AUG 5 1948

Registration District No. 192

Primary Registration District No. 5429

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Rural - Lyon
 (If outside city or town limits, write "Rural" and name of township)
 (c) Name of hospital or institution Washington, Mo. #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 (Specify whether years, months or days) 78 yrs

3. (a) PRINT FULL NAME

Louise Sophia Voss

3. (b) If veteran,

name war none

3. (c) Social Security No.

none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Fred G. Voss 6. (c) Age of husband or wife if alive October 3 1870
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 6 hr. min.

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

10. Usual occupation Home Maker

11. Industry or business None

12. Name Henry Fajese 4

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

14. Maiden name Maria Schmiedmann

15. Birthplace Thapow, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles G. Voss

(b) Address Thapow, Mo.

17. (a) Curial (b) Date thereof 5/12/48
 (Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Clover Bottom, Mo.

18. (a) Signature of funeral director W. H. Matthews

(b) Address Washington, Mo.

19. (a) 3-11-48 (b) W. H. Matthews
 (Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Franklin
 (c) City or town Rural
 (If outside city or town limits, write "Rural")
 (d) Street No. Washington, Mo. #2
 (If rural, give location)
 (e) Citizen of foreign country Mo. (Yes or No)
 If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
 year 1948 hour 12.00 minute 20 P.M.

21. I hereby certify that I attended the deceased from Apr 28 1948 to May 9 1948
 that I last saw him alive on May 9 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis 11 days

Due to Chronic Arterial Hypertension

Due to Chronic Arterial Hypertension

Other conditions Chronic Cholelithiasis

(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations No autopsy

Of autopsy No autopsy

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? (Specify type of place)

23. Signature W. H. Matthews Date signed 5/11/48

Address Beaufort, Mo.

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
AUG 2 1948

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.