No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37153

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 74

1. PLACE OF DEATH:
(a) County Jefferson.
(b) City or town De Soto.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
(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 38
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jefferson 50 2
(c) City or town De Soto 2
(If outside city or town limits, write "RURAL")
(d) Street No. 617 So. 4th St. 0
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country England.

3. (a) PRINT FULL NAME Fritz William Voisey
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Sarah Jane
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb (Month) 12 (Day) 1867 (Year)

8. AGE: Years 81 Months 8 Days 29 If less than one day hr. 4 min.

9. Birthplace Penzance (City, town, or county) England. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Self
FATHER
12. Name William Voisey 4
13. Birthplace Not Known (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Mary Newberry 4
15. Birthplace Not Known (City, town, or county) England (State or foreign country)
16. (a) Informant Mrs. Fritz Voisey
(b) Address 617 So. 4th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Park
18. (a) Signature of funeral director J. Lee Mothershead
(b) Address De Soto, Mo.
19. (a) 11/18/48 (Date received local registrar) (b) Marie Farrier (Registrar's signature) 146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th year 1948 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from 11-7, 1948, to 11-11, 1948
that I last saw him alive on 11-7, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of Liver	
Due to Ch. Alcoholism	50 yrs
~~Due to~~ Malignancy? (Hypertrophy +++)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 55c

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. ~~or other~~)
Address De Soto Mo. Date signed 11-13-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District Fil... NOV 23 1948
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 Andrew H England, Registered Apprentice No. 232, working under my personal supervision.

Signed L E Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Judy W. Dorsey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sep 12 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Unknown to me	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-37153