N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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6

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6580
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 316
(b) Township — Primary Registration District No. 2001 — Registered No. 175
(c) City SPRINGFIELD — (d) Street No. Springfield Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 432 Anna Voelty
(a) Residence, No. Strafford Mo. Route 3 St. ☐ Strafford Mo R#3
(Usual place of abode, if no street address, write county or city) (If no resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Voelty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 5 1884
7. AGE: ✓ YEARS 55 MONTHS 0 DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Parkersburg Iowa

FATHER
13. NAME (Unk) Knape
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: No Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): A. S. Grier Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Feb. 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): F. C. Thieme Springfield Mo.
20. FILED Feb 27, 1939 Chas A George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1939, to Feb 25, 1939
I last saw her alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia (Bilateral)	2/20/39

107 A

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. H. Focht M.D., M. D.
(Address) Strafford Mo

(Licensed Embalmer's Statement on Reverse Side)

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, Ralph Thieme, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Ralph Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.