

No. 2  
13-40  
17-39  
X23189

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11648**

Registration District No. **668** Primary Registration District No. **232** Registrar's No. **127**

1. PLACE OF DEATH: **Pettis**  
(a) County **Pettis**  
(b) City or town **Sedalia Mo.**  
(c) Name of hospital or institution: **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 P. Voigt**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **76** years  
7. Birth date of deceased **Aug. 3 1860**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **8** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Montrose Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Blacksmith**

11. Industry or business \_\_\_\_\_  
12. Name **Nancy G. Voigt**  
13. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)  
14. Maiden name **Johanna Palsch**  
15. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Beyle Schweinger**  
(b) Address **Sedalia**

17. (a) **Removal** (b) Date thereof **4-16-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mem Park**

18. (a) Signature of funeral director **Franking Stutz**  
(b) Address **Sedalia Mo.**

19. (a) **4-13-41** (b) **Mrs. Harry Sneed**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Pettis** 80  
(c) City or town **Sedalia** 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1202 S. Warren** 4  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Apr.** day **13** year **1941** hour **6:00** minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from **Apr 7** 1941 to **Apr 13** 1941; that I last saw **him** alive on **Apr 13** 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis**  
Due to **over work**  
**Cardio-sclerotic type**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **93 W**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of 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? **906**

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **90**  
23. Signature **Edwin D. Hulbert** (M. D. or other) **MD.**  
Address **1202 S. Lamine Sedalia Mo.** Date signed **7/13/41**

Duration **7 days 3 hrs.**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

(F. D. Holbert)

Lowville, 1204 So

1911-12-18-8-00-8-11-1911

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.....

F. C. Voight & E. G. Proserking, Registered Apprentice No. 1511 29

working under my personal supervision.

Signed.....

F. C. Voight & E. G. Proserking

Licensed Embalmer No.....

P. O. Address.....

Concordia

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.