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

MAY 26 1941

15493
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 677
(b) Township or City Rolla — Primary Registration District No. 4403 — Registered No. 72
(c) City Rolla — (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lonnie Hargis Voss
(a) Residence, No. Rolla Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 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 Maude Phelps Voss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lineman
9. Industry or business in which work was done, as saw mill, bank, etc. 442-01-5832
10. Date deceased last worked at this occupation (month and year) 4-18-41 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yancy Mills Missouri

FATHER
13. NAME William Voss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

MOTHER
15. MAIDEN NAME Susan Hargis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Missouri

17. INFORMANT (ADDRESS) Wm Voss Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla Cemetery DATE 4/22, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Harry McCaw Rolla Mo.

20. FILED April 22, 1941 Jos. T. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19, 1941

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19 11:30 p.m. 1941 to Apr. 19 12:30 p.m. 1941
I last saw him alive on Apr. 19, 1941. Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Train Wreck	
General crush of body. Train left car.	

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/19, 1941
Where did injury occur? Rolla Phelps Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place - Railroad Crossing
Manner of injury Train - Auto accident
Nature of injury General crush of body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) [illegible] M. D.
(Address) Rolla, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

X16605

RECEIVED
District Health Officer No. 5,
District File Number 541/680
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 R. J. McCaw

Licensed Embalmer No. 3953

P. O. Address Rolla

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, above space should be left blank.