V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25600

Registration District No. 316 — Primary Registration District No. 6075 — Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs. 3 mos. (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 97

(c) City or town Vigus 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME EARNESTINE (ERNESTINE) VOHSEN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, divorced Widowed(?)

6. (b) Name of husband or wife Jacob Vohsen

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

7. Birth date of deceased September (Month) 3 (Day) 1891 (Year)

8. AGE: Years 52 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Ellsberry (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife and Factory worker

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace (City, town, or county) Unknown (State or foreign country) 0

14. Maiden name Anna

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 0

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Mo.

19. (a) 7-9-44 (Date received local registrar) (b) Ernest Vohsen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1944 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 20, 1944 to June 26, 1944 that I last saw h. alive on June 26, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Paralysis of disease	18 yrs
Due to Syphilis	11 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 30%	

Major findings:
Of operations
Of autopsy Hypostatic Pneumonia

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 David Bookam (M. D.)

Address State Hosp #4 Date signed 6-27-44

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-4114

Date Filed 7-28-44

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.

not embalmed.

Signed C H Cozean

Licensed Embalmer No. 4084

P. O. Address Trenton, 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.