

**FILED DEC 9 1946**

Registration District No. 87

Primary Registration District No. 5236

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Box Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XXXXXXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXXXXX  
(Specify whether years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Box Township  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XXXXXXX

3. (a) PRINT FULL NAME FRANCIO ALLEN VOSBEEK

3. (b) If veteran, name war XXX 3. (c) Social Security No. 493-14-0495

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Beatrice Vosbeek 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased May 26, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 5 8 X hr. X min.

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

10. Usual occupation Plumber

11. Industry or business Plumbing

12. Name Henry Vosbeek

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

14. Maiden name Mary R. ?

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

16. (a) Informant Mrs Beatrice Vosbeek  
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 11-7-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 11/12/46 (b) J.C. Berra  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4  
year 1946 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Jan 57  
1946 to Jan 19  
1946 that I last saw him alive on Jan 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke  
Due to Emphysema

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 95A

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 0

23. Signature L. J. Dumanig (M. D. or other)  
Address Stockton, Mo Date signed 11/14/46

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

MOTHER FATHER

12-5-76  
11-26-30-7  
11-26-30-7

**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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

**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.