S. No. 2
OM—5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 751

Registration District No. 26 Primary Registration District No. 4197 Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County: Gentry Co
(b) City or town: Stanberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N. Elm St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Gentry
(c) City or town: Stanberry
(If outside city or town limits, write "RURAL")
(d) Street No.: N. Elm St.
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes or~~ No)
If yes, name country:

3. (a) PRINT FULL NAME: Mr. Virsin S. Voorhies
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of ~~husband or wife~~: Wife Hettie Voorhies
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 13 (Day) 1868 (Year)

8. AGE: Years 78 Months 0 Days 29 If less than one day hr. min.

9. Birthplace: Bradsmon (City, town, or county) Mo (State or foreign country)
10. Usual occupation: retired Farmer
11. Industry or business: Farm
FATHER
12. Name: Mr Voorhies
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Helen Bennett
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Ethel Doherty
(b) Address: Stanberry Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: 1/14/47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Stanberry Mo
18. (a) Signature of funeral director: Katon H. Phillips
(b) Address: Stanberry Mo
19. Jan 14 1947 (Date received local registrar) (b) Homer W. Moter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1947 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan 12, 1947, to Jan 12, 1947, that I last saw h. alive on ..., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Bed infected Blue Blot wound
Due to: in head
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

Duration

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): Suicide
(b) Date of occurrence: Jan 12 1947
(c) Where did injury occur? Stanberry Gentry Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury: Gun
23. Signature: Charles N Williamson (M. D. or other) DO
Address: Gentry Mo Date signed 1-13-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Latory F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry Md

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.