

No. 2
12-45
17-39
X47070

State File No. _____

FILED MAR 19 1949

Registration District No. _____

Primary Registration District No. 3216

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Hospital 0
(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) 3 hours

In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76

(c) City or town Linn R.D. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Carl Albert Voss

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced child 0

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

7. Birth date of deceased July 21 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 7 20 hr. _____ min.

9. Birthplace Jefferson City Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Herman B. Voss

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

14. Maiden name Marie Richardson

15. Birthplace St Louis Mo 0
(City, town, or county) (State or foreign country)

16: (a) Informant Herman Voss

(b) Address Linn Mo

17. (a) Burial (b) Date thereof 3-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn Mo

18. (a) Signature of funeral director Clayton Weston

(b) Address Linn Mo

19. (a) 3-12-48 (b) A. P. Darrin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11
year 1948 hour 4 minute _____ p. M.

21. I hereby certify that I attended the deceased from March 11 1948 to March 11 1948
that I last saw him alive on March 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Bonyngo Tracheo-Bronchitis
pneumonia

Due to _____

Due to _____

Duration
22 hours

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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? _____

While at work? _____ (Specify type of place)
(a) _____ (b) Means of injury _____

23. Signature John W. M. Haney (M. D. or other) _____
Address Jefferson City Mo Signed 3/12/48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed: MAR 18 1948

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..... *Vernon M. Morton*.....

Licensed Embalmer No..... *4125*.....

P. O. Address..... *Linn, 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.