

FILED JAN 31 1955

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **304**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>life</b>		e. STREET ADDRESS (If rural, give location) <b>2511 Felix Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2511 Felix Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Jane</b> c. (Last) <b>Voss</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 21, 1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>April 17, 1875</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>79</b> IF UNDER 24 HRS. Days <b>79</b> Hours <b>79</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John T. Warburton</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Oscar A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry Voss, 2605 Edmond, St. Joseph, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Polycythemia splenomegalic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>294 X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov 3, 1952**, to **Jan 21, 1955**, that I last saw the deceased alive on **Jan 21, 1955**, and that death occurred at **9:45p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wendell Henry M.D.</b> (Degree or title)	23b. ADDRESS <b>520 Francis St. St. Joseph, Mo.</b>	23c. DATE SIGNED <b>24 Jan 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1/24/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>Jan 26, 1955</b>	REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b> <b>485</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Bowman</b> ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James P. Hawkins*

Licensed Embalmer No. 453

P. O. Address 319 E. 10th St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.