

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

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10589

FILED APR 11 1946  
Registration District No. 376

Primary Registration District No. 6068

Registrar's No. 112

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Rural, Big River Sup.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Bonne Terre R-1  
(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 \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois <sup>94</sup>

(c) City or town Silver Springs <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FLARA ELIZABETH VOSS

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex F / race W

5. Color of hair W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 26 1881  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mine La Motte Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry of business \_\_\_\_\_

12. Name of father John Adam Voss

13. Birthplace of father Perry Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name of mother Elizabeth Ann Skaggs

15. Birthplace of mother Mine La Motte Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Wid. Voss

(b) Address R-1 Bonne Terre Mo

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Bryant Cemetery

18. (a) Signature of funeral director Benjamin L. Co

(b) Address 313 Benton Bonne Terre Mo

19. (a) 3-30-46 (Date received local registrar) (b) Ether Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 th  
year 1946 hour 2 minute 30 PM

21. I hereby certify that I attended the deceased from Mar. 26, 1946 to Mar. 26, 1946  
that I last saw him alive on Mar. 26, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 93d

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)

(e) Means of injury 0

23. Signature H. K. Roebber (M. D. or other) MD

Address Bonne Terre, Mo. Date signed 3/27/46

Duration 2 yrs  
16  
16

Physician knowledg.

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4  
District File Number 446-1975  
Date Filed 4-9-46

**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 E. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Conne Tere M.

**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.**