

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18694

State File No.

Registrar's No.

FILED JUN 12 1944

Registration District No.

Primary Registration District No. 4331

1. PLACE OF DEATH

(a) County Moniteau
(b) City or town Jamestown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 6 1/2 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

George William Voigt

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George W. Voigt 6. (c) Age of husband or wife if alive 20 years (Day) (Year)
7. Birth date of deceased Feb 20 1924 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

12. Name unknown
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. has Heier
(b) Address Jamestown Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Union Baptist Church

18. (a) Signature of funeral director Charles C. Hallrich
(b) Address Jamestown Mo

19. (a) May 10 1944 (Date received local registrar) (b) Grace Kuntzsch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from April 15 1944 to May 11 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage May 8

Due to fracture

Other conditions 830 (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?

(Specify type of place) (e) Means of injury

23. Signature A. L. Meredith (M. D. or other) True
Address Prison House No Date signed May 11 1944

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 6-12-44

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

Aug R. E. Williams

Licensed Embalmer No.

3537

P. O. Address

California

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.