

APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12565
Do not use this space.

1. PLACE OF DEATH Schuyler

(a) County Schuyler Registration District No. 802

(b) Township Fabius Primary Registration District No. 6046 Registered No. _____

(c) City _____ (d) Street No. 2 St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME AARON FRANKLIN ZAERR

(a) Residence, No. Schuyler rural St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE

4. COLOR OR RACE WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALICE ZAERR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 17, 1872

7. AGE YEARS 68 MONTHS 0 DAYS 11 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. farmer

10. Date deceased last worked at this occupation (month and year) 1-1-39

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

13. NAME ANTHONY ZAERR

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

15. MAIDEN NAME MARY SILER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) Mrs. Joe Norman Blenheim Ia

18. BURIAL, CREMATION, OR REMOVAL PLACE I. O. OF Lancaster DATE March 26, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mareheads Lancaster Mo

20. FILED me h 26 1940 H. E. Gerwig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mch 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from not at all, 19____, to _____, 19____

I last saw him live on _____, 19____. Death is said to have occurred on the date stated above, at 2:42 m.

The principal cause of death and related causes of importance were as follows:

Heart Failure of Organic Origin

Compensation of pain out of left side of door

And fell over dead

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) H. E. Gerwig, M. D.

(Address) Blenheim Ia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 4-40-805

Date Filed APR 11 1940

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,

TRUE & MINNIE MOREHEAD, or by

Registered Apprentice No., working under my personal supervision.

Signed Morehead's

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster, 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, above space should be left blank.