DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15346

State File No.

FILED MAY 13 1940

Registration District No. 477 Primary Registration District No. 4286 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location) 9

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Canton (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William J.C. Zenge 520

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 Married

6. (b) Name of husband or wife Elizabeth Goetz Zenge

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

7. Birth date of deceased October 29, 1873 (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Canton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Black smith

11. Industry or business Zenge, Zenge and Goetz

FATHER
12. Name Andrew Zenge
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Brosi
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant's own signature Mrs. Wm. Zenge

(b) Address Canton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, '40 (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director Earl H. Barkley

(b) Address Canton, Mo.

19. (a) (Date received local registrar) (b) H. W. Harris M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 18, 1940 day year 1940 hour 6 AM minute — M.

21. I hereby certify that I attended the deceased from 2-1-40 Nov 1st 1939 to Apr 18, 1940 that I last saw him alive on Apr 17, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular disease of heart	2 yrs.
Due to	
Due to 92	
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? 430 (Specify type of place)

While at work? (e) Means of injury

23. Signature H. W. Harris (M. D. or other)

Address Canton Mo Date signed 4-19-1940

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 X19511

RECEIVED
District Health Officer No. [illegible]
District File Number 5-40-991
Date Filed MAY 9 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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl N. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, Ms.

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.