

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21478

Registration District No. 163

Primary Registration District No. 5228

Registrar's No. 33

1. PLACE OF DEATH:

- (a) County Cedar  
(b) City or town Rural - Box Twp  
(c) Name of hospital or institution:

(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) 5 11

3. (a) PRINT FULL NAME ARCHIE M. ZION

3. (b) If veteran, name war. 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Marion 6. (c) Age of husband or wife if alive years 7. Birth date of deceased April 11 1860

8. AGE: Years 80 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Sweet Springs Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 11. Industry or business

12. Name F. M. Fisher 13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Mary Wamboldt 15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant E. J. Zion (b) Address El Dorado Spgs Mo R. D.

17. (a) (Burial, cremation, or removal) (b) Date thereof June 10 1940 (Month) (Day) (Year)

- (c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Carolyn Nafus (b) Address El Dorado Spgs Mo

19. (a) June 11 40 (b) (Date received local registrar) (c) (Registrar's signature) J. Dawson

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Cedar  
(c) City or town Rural - Box Twp (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. All his life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1940 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from May 27 1940 to June 10 1940

- that I last saw him alive on May 27 1940 and that death occurred on the date and hour stated above.

- Immediate cause of death: Chills and Intermittent Nephritis

- Due to 121

- Due to 121

- Other conditions: (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy

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?

- 154 (Specify type of place) While at work? (e) Means of injury

23. Signature W. P. Rayson (M. D. or other) Address El Dorado Spgs Mo Date signed 6-10-40

RECEIVED  
District Health Officer No. 7,  
District File Number 7-40-1025  
Date Filed 7-8-40

### 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

*Carolyn Hafus*

Licensed Embalmer No. 2635-

P. O. Address El Dorado Springs, 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.