

STANDARD CERTIFICATE OF DEATH

State File No. **39565**

Registration District No. **736**

Primary Registration District No. **5964**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town R. F. D. Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Moberly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph
(c) City or town R. F. D. Moberly
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1940 hour 6:30 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 4 1940 to Nov 11 1940
that I last saw him alive on Nov 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death 131
Duration _____

Due to Myocardial infarction

Due to in valvular

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME James Zaner
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 Ettie Zaner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 13 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Dave Zaner

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Sophia Swartz

15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ettie Zaner

(b) Address R. F. D. Moberly Mo

17. (a) Burial (b) Date thereof Nov 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Joe W. Burton (b) Address Higbee Mo

19. (a) Nov 22 1940 (b) Joe W. Burton
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2214

Date Filed

~~NOV 19 1940~~

Dec 7, 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 Me

....., Registered Apprentice No.

.....
working under my personal supervision.

Signed

Carl Roberson

Licensed Embalmer No.

4101

P. O. Address

Zigbee, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.