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39
23159

FILED MAR 21 1941

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 57

1. PLACE OF DEATH: Adair

(a) County Adair

(b) City or town Brookston, Salt River Twp
(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)

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

In this community _____
years, months or days 46 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

(c) City or town Brookston, Rural
(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.? 0 years.

3. (a) PRINT FULL NAME IRVIN ZENTZ

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rutha Zentz

6. (c) Age of husband or wife if alive 44 years 18 1891
(Month) (Day) (Year)

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 2 24 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Adam R. Zentz

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

14. Maiden name Esther Ann

15. Birthplace Madison Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rutha Zentz

(b) Address Brookston, Mo

17. (a) Burial (b) Date thereof 7/4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookston Cemetery

18. (a) Signature of funeral director Forst R. Eubly

(b) Address Brookston, Mo

19. (a) Feb. 20/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from April, 1940, to Feb 17, 1941
that I last saw him alive on Oct 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of urinary bladder Duration 18 mos.

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H M Neusschlag (M. D. or other) MD
Address Brookston, Mo Date signed 7/3-41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-647

Date Filed MAR 19 1941

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 Foster R. Easley

Licensed Embalmer No. 1146

P. O. Address Becher, 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, fact should be so stated above.