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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10863

State File No.

APR 11 1941

Registration District No. 291

Primary Registration District No. 4230

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron **47**

(c) City or town Ironton **1**
(If outside city or town limits, write "RURAL") **0**

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Alvin Edward Zolman

3. (b) If veteran, name war none

3. (c) Social Security No. 491-18-5858

20. DATE OF DEATH: Month March day 30
year 1941 hour 6 minute 30 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lula Zolman 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased October 12, 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 15, 1940, to March 30, 1941;
that I last saw him alive on March 30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis **2 yrs.**

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

41 5 18 hr. _____ min.

Duration

Due to _____

Due to _____ **17/21**

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Francois Co., Mo. **0**
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Zolman

13. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Polly Wright

15. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

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? **9 1 1 1**

16. (a) Informant Lula Zolman

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 3/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address A. S. White Ironton Mo.

19. (a) April-1-41 (b) Julia A. Stanton
(Date received local registrar) (Registrar's signature)

23. Signature Ben M. Bull (M. D. or other) **Ben. D.**

Address Ironton, Mo Date signed 3-31-41

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.