No. 2
-13-40
17-39
X23159

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

FILLED JUL 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21955

Registration District No. 475 Primary Registration District No. 5580 Registrar's No. 14-88

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town 'Rural' Mermac
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town 'Rural'
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #3 Pacific, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME JACOB ZWEIFEL
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male()
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tillie Zweifel
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February (Month) 28 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
63	3	19	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own Farm
MOTHER FATHER
12. Name Jacob Zweifel
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Bertha Diamond
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Curt Zweifel
(b) Address RFD #3 Pacific, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific, Mo.
18. (a) Signature of funeral director Jno. L. Shiebes
(b) Address Pacific, Mo.
19. (a) 17 Jun 1941 (Date received local registrar) (b) James A Towns end (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1941 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Dec. Sixteen, 1940, to June 17th, 1941, that I last saw him alive on June 17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexia	6 months
Due to Cerebral thrombosis	
Due to	
Other conditions Chronic cystitis (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Pacific Mo Date signed 6/19/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 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 Jno. L. Shelles

Licensed Embalmer No. 3008

P. O. Address Pacific, Mo

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

If this body is not embalmed, fact should be so stated above.