

No. 2
-1-4-41
-17-39
X 26790

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37837

State File No.

Registrar's No.

1139

Registration District No.

Primary Registration District No.

001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs.
In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Zook

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased March 9 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 14 If less than one day
hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Edward Hutchison
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert F. Baer
(b) Address 1221 N 7th
17. (a) Burial (b) Date thereof Nov 25, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address 1945 Calhoun

19. (a) 11/25/41 (b) 3D. Nestle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 North 7th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1941 hour 7 1/2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-23-1941 to 11-23-1941
that I last saw h. e. alive on 11-23-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Acidosis
Due to X

Due to X
Other conditions X
(Include pregnancy within 3 months of death)

Major findings: Of operations X
Of autopsy No

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 W. W. Craig (M. D. or other) MD
Address St. Joseph, Mo. Date signed 11-25-41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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, ~~only~~

11-23-41, Registered Apprentice No. _____
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address 5X Joseph m

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.