

BUREAU OF THE CENSUS
FILED APR 3 2 1942

Registration District No. 124

Primary Registration District No. 4041

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Centralia Mo.
(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) 1

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

In this community.....
years, months or days

3. (a) PRINT FULL NAME ZELO EVELYN STICE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex 1 5. Color or race W

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

6. (b) Name of husband or wife O.B. Stice

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct 10 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Lynard R. White

13. Birthplace Hammond Co Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Fussberry

15. Birthplace Boone Co Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Miriam White

(b) Address Centralia Mo

17. (a) Burial (b) Date thereof 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Presch Church

18. (a) Signature of funeral director J. McDaniel

(b) Address Centralia Mo

19. (a) 313-1942 (b) Chas D. Wright
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

(c) City or town Centralia
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1942 hour 4 minutes 30 P. M.

21. I hereby certify that I attended the deceased from 2/27/42, 19... to 2/1/42, 19...
that I last saw her alive on 2/1/42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death 4:30 P.M. Lobal pneumonia

Due to.....

Due to..... 106

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 [Signature] (M.D. or other)

Address Centralia Mo Date signed 2/2/42

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

MOTHER FATHER

1957 10 19 5011

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 *M. J. McW...*
Licensed Embalmer No. *2589*
P. O. Address *Catalina 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.