

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED APR 10 1942

Registration District No. 733

Primary Registration District No. 4438

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville, Mo.
(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.....
In this community years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. 102 East
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour 7 minute 300, M.

21. I hereby certify that I attended the deceased from June 1, 1940, to March 20, 1942
that I last saw her alive on March 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
P. cerebral hemorrhage 1 week

Due to arterio-sclerosis & det. Bright's disease
Due to

Other conditions (include pregnancy within 3 months of death) 1316

Major findings: none
Of operations
Of autopsy none

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 Huntsville Mo Date signed 2/21/42

3. (a) PRINT FULL NAME Mary Rosetta Zeltner
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female / race white 5. Color or divorced 6. (a) Single, widowed, divorced
6. (b) Name of husband or wife Wm Zeltner 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 26 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business housewife

12. Name Jamies Ruby Riley

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

14. Maiden names Susan Wampler

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

16. (a) Informant Patrick

(b) Address 1006 W. Shannon

17. (a) burial (b) Date thereof Feb 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deleaux Hall

18. (a) Signature of funeral director Paul H. Thompson

(b) Address Madison, Mo

19. (a) 3/2/42 (b) Mrs. P. Drager
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 4-42-681

Date Filed APR - 7 1942

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.....

Richard Brown Registered Apprentice No. 309

working under my personal supervision.

Signed *Paul G. Thompson*

Licensed Embalmer No. 1426

P. O. Address Madison, 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.