

S. No. 2
4-5-42
5-17-38
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7041

State File No. _____
Registrar's No. 1

Registration District No. 20 Primary Registration District No. 789

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Alton
(c) Name of hospital or institution: St. James Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miss.
(c) City or town East Prairie Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE COROLINE ZOOK
3. (c) Social Security name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15th
year 1942 hour 5 minute 25 A.M.
21. I hereby certify that I attended the deceased from July 1st 1942 to Dec. 4th 1942
that I last saw her alive on Dec. 4th 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Alton Zook 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 20 1854
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach

8. AGE: Years 88 Months 10 Days 25 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations H&F
Of autopsy _____

9. Birthplace Hickman Co. Ky. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Doughty
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 Alton Zook

(b) Address East Prairie Mo

17. (a) Burial (b) Date thereof 12/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cap. Gravel

18. (a) Signature of funeral director John Kelly

(b) Address East Prairie Mo

19. (a) 7-6-42 (b) S. J. Sisson
(Date received local Registrar) (Registrar's signature)

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 A. J. Martin (M. D. or other)
Address East Prairie Mo Date signed 1/2-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 243-256

Date Filed 2-16-43

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.....

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.