

No. 2
-5-42
5-17-39
1 X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18156

State File No.

FILED JUN 10 1943

Registration District No. 156

Primary Registration District No. 2-001

Registrar's No. 271-A

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jonlin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 37 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ⁴⁹

(c) City or town Jonlin
(If outside city or town limits, write "RURAL")

(d) Street No. 430 Forest
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Cleo Marie VanZant

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Marion Van Zant 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Feb 4 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

38 3 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Owen Williams

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 Husband

(b) Address 430 Forest

17. (a) Burial (b) Date thereof 5 15 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker - Hinsaker

(b) Address Jonlin Mo.

19. (a) 5-18-43 (b) Gertrude Dushoelter
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 8 minute 30 p.m.

21. I hereby certify that I attended the deceased from 12-21
1942 to 5-13, 1943
that I last saw her alive on 5-13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Heart & Respiratory failure

Due to Carcinoma sigmoid

Due to Metastasis through pelvis

Other conditions..... (Include pregnancy within 3 months of death) 462

Major findings: Carcinoma sigmoid, uterus & adnexa.

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature A.E. Heindler (M.D. or other)

Address 521 W - 4 Date signed 5-15-43

43-5-463

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.