

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24469
Registrar's No. 790

FILED AUG 5 1943

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF BIRTH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: 315 W Anthony
(d) Length of stay: In hospital or institution. (Specify whether In this community, years, months or days) abt 50 yrs.

3. (a) PRINT FULL NAME

CHARLES-ALBERT-ZELLARS

3. (b) If veteran, name war 2nd

3. (c) Social Security No. 2nd

4. Sex Male 5. Color of hair Black 6. (a) Single, widowed, married, divorced, or widowed 2 divorced 6. (b) Name of husband or wife Lennie Zellars 6. (c) Age of husband or wife if alive, years 24 7. Birth date of deceased (Month) (Day) (Year) Sept 24 1862

8. AGE: Years 80 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Ohio 1

10. Usual occupation Retired Laborer for

11. Industry or business Lumber Co. Constellation Co.

12. Name Zellars

13. Birthplace Ohio 1

14. Maiden name Constance Zellars

15. Birthplace Ohio 1

16. (a) Informant Fred Zellars

(b) Address 13 St Joseph 2nd

17. (a) (Burial, cremation, or removal) 13 (b) Date thereof 7-9-43

(c) Place: burial or cremation Mt Hope Cem.

18. (a) Signature of funeral director Roy Stanley

(b) Address St Joseph Mo.

19. (a) 7-9-43 (b) (Date received local registrar) (Registrar's signature) Rock

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 315 W Anthony
(e) Citizen of foreign country? No (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1943 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from May 17 1943 to May 28 1943

that I last saw him alive on May 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration Sudden

Due to Chronic valvular heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92d

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) Years of injury

23. Signature Mr Raymond Smith (M. D. or other)

Address 315 W Anthony St Date signed 7/10/43

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..... *John Ray Stoney*
Licensed Embalmer No. *2435*
P. O. Address..... *St Joseph*

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.