S. No. 2
0M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35413

State File No.

Registration District No. 257 Primary Registration District No. 585-3 Registrar's No. 155-

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville Folk Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8 miles N.W.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Most of life (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 074
(c) City or town Maryville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles N.W. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Zetta Mae VanAusdall

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Seneca Vanausdall

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 4 1891 (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Nodaway County Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name John Mitchell
13. Birthplace Adrain Co. Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name Meratta Taylor
15. Birthplace Taylor County Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Seneca Vanausdall
(b) Address Maryville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo

19. (a) Oct 8-43 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1943 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 20th, 1943, to Oct 6th, 1943, that I last saw her alive on Oct 5th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast — Duration 2 yrs

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L R Dean (M.D. or other)
Address Maryville Mo Date signed 10-7-43

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1944

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 Wm L Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.