S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2292

Registration District No. 47 — Primary Registration District No. 4068 — Registrar's No. 10

14 0 0

1. PLACE OF DEATH:
(a) County: CALLAWAY
(b) City or town: MOKANE
(If outside city or town limits, write "RURAL" and name of township)
(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 ..... (Specify whether years, months or days)
In this community: 37 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CALLAWAY
(c) City or town: MOKANE
(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: ZOE B. HAFNER
3. (b) If veteran, name war: NO
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: T.F. HAFNER
6. (c) Age of husband or wife if alive: DK. years
7. Birth date of deceased: DK. (Month) (Day) (Year)
8. AGE: Years: About 65 Months: Days: If less than one day: hr. min.
9. Birthplace: POMROY (City, town, or county) IOWA (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: .....
FATHER 12. Name: LANSON BURNS
FATHER 13. Birthplace: MICH (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: DK.
MOTHER 15. Birthplace: DK (City, town, or county) (State or foreign country)
16. (a) Informant: T. F. HAFNER
(b) Address: MOKANE, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 1-9-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: MOKANE
18. (a) Signature of funeral director: Glen G. Maupin
(b) Address: 712 Court St. Fulton Mo
19. (a) 1-9-1944 (Date received local registrar) (b) Joyce Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 6 year 1944 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from Jan 6 1944 to Jan 6 1944 that I last saw her alive on Jan 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac thrombosis	Few hours
Coronary thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 94a
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: [illegible] (M. D. or other)
Address: Fulton Mo Date signed 1-8-43

(Licensed Embalmer's Statement on Reverse Side)

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 Glen J. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.