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FILED JUN 2 1944

State File No. _____

Registration District No. 8th

Primary Registration District No. 2017

Registrar's No. 75-

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:
Alex. Van Ravenswaay Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Hartsburg,
(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 Paul Chas Zeller

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year _____ hour _____ minute 11 p. M.

21. I hereby certify that I attended the deceased from May 10, 1944 to May 10, 1944
that I last saw him alive on May 10, 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Martha Zeller 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 28 1886
(Month) (Day) (Year)

Immediate cause of death: Indigestion obstructions

Due to Atherosclerosis

Due to Chronic cholecystitis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

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

57 4 12 hr. _____ min.

9. Birthplace Washington, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Postmaster

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Fred Zeller

13. Birthplace Franklin County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Schuerman

15. Birthplace Franklin County, Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant one Zeller

(b) Address Hartsburg, Mo

17. (a) Burial (b) Date thereof May-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartsburg, Missouri

18. (a) Signature of funeral director Harold Gordon

(b) Address Jefferson City, Missouri

19. (a) May-12-44 (b) Sychar Swap
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Allen Ramsey (M. D. or other) MD

Address Boonville Mo Date signed 5.12.44

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

JUL 16 1948

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-1-48

OCT 27 1944

JUN 2 1947

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

Louis Quent

Licensed Embalmer No. 4096

P. O. Address *Jefferson City*

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.