

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 13 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mrs. Methodist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 wks  
In this community 2 wks (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell  
(c) City or town Miramal  
(If outside city or town limits, write "RURAL") 0  
(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 Clayton H. Zwick

3. (b) If veteran, name war World War I 3. (c) Social Security No. none

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 1 1894  
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Miramal Telephone Co

11. Industry or business for self

12. Name Abel Zwick

13. Birthplace Caldwell Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Melissa Knutson

15. Birthplace Ray Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Maud Zwick  
(b) Address Elmira Mo

17. (a) Burial (b) Date thereof 1-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prague Ridge

18. (a) Signature of funeral director Alspaugh + Cowley  
(b) Address 1st St Mo

19. (a) 1-23-45 (b) Eileen M. Zwick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 21  
Year 1945 Hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan. 14, 1945, to Jan. 21, 1945  
that I last saw him alive on Jan. 21, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric ulcer  
Duration ?

Due to hemorrhage from ulcer - repeated 1-14-45

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 11/16

Of autopsy \_\_\_\_\_

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. C. Vercan (M. D. or other) M.D.  
Address 120 Gresham Mo Date signed 1-24-45

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 7 1948

MAR 29 1948

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**