S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10367

Registration District No. 273 Primary Registration District No. 5916 Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural Cinque Hommes Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. F. D. #1
(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 .....

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo. (b) County: Perry

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: R. F. D. #1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Harold Joseph Zahner

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

3. (c) Social Security No. None

4. Sex: Male

5. Color or race: White

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: December (Month) 10 (Day) 1936 (Year)

8. AGE: Years 8 Months 3 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace: Cape Girardeau County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name: John Zahner
13. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Bertha Behle
15. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: John Zahner
(b) Address: Perryville, R. #1

17. (a) Burial (Burial, cremation, removal) (b) Date thereof 4-3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Catholic Cemetery Highland, Mo.

18. (a) Signature of funeral director: Bess Funeral Home
(b) Address: Perryville Mo.

19. (a) 4-2-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1945 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Mar. 20, 1945, to Apr 1, 1945, that I last saw him alive on Mar 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hydrocephalus — Admitted	Prenatal birth

Minor 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: O. A. Carron (M. D. or other)
Address: Perryville Mo. Date signed 4-2-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-494

Date Filed 4-11-45

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 Albert Bey

Licensed Embalmer No. 3866.

P. O. Address Perryville, 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.