. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1945

State File No. 24609

Registration District No. 267 Primary Registration District No. 3049 Registrar's No.

1. PLACE OF DEATH:

(a) County PEMISCOT

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PEMISCOT 78

(c) City or town HAYTI, MO. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ZTENA L. OATES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED A

6. (b) Name of husband or wife JAMES V.

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

7. Birth date of deceased AUG (Month) 7 (Day) 1860 (Year)

8. AGE: Years 84 Months 11 Days 6 If less than one day hr. min.

9. Birthplace KINGSTON (City, town, or county) TENN. 1 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name GEORGE BUSH
13. Birthplace ~~GERMANY~~ (City, town, or county) GERMANY 1 (State or foreign country)

MOTHER
14. Maiden name ELIZA - ?
15. Birthplace C (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant (DAUGHER) BONNIE JENNINGS.
(b) Address HAYTI, MO.

17. (a) (Burial, cremation, or removal) (b) Date thereof JULY 14 '45 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN HAYTI, MO.

18. (a) Signature of funeral director Fred Glasscock.
(b) Address Hayti, Mo.

19. (a) 7-13-45 (Date received local registrar) (b) E. R. SCHMOR Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 13 day 13
year 1945 hour 8:00 minute 43 M.

21. I hereby certify that I attended the deceased from July 9, 1945, to July 13, 1945;
that I last saw her alive on July 13, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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 G. W. Phipps (M. D. or other)

Address Caruthersville, Mo. Date signed 7/18/45

1327

(Licensed Embalmer's Statement on Reverse Side)

7-45-171

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: R. Robinson

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.