

7. S. No. 2  
 DOM-5-43  
 Rev. 5-17-39  
 I X36671

**FILED** JAN 25 1946  
 Registration District No. **13**

Primary Registration District No. **4023**

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

100058

**1. PLACE OF DEATH:**  
 (a) County **BARRY**  
 (b) City or town **EXETER**  
 (c) Name of hospital or institution: **/**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community **LIFE** \_\_\_\_\_ (Specify whether  
 years, months or days)

**3. (a) PRINT FULL NAME** **EDNA VAN ZANDT**  
**3. (b) If veteran,** name war **--**  
**3. (c) Social Security** No. **--**

**4. Sex** **F** **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **W** **6. (c) Age of husband or wife if**  
**Tom Van Zandt** **alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **J. n. 22** **1871**  
 (Month) (Day) (Year)

**8. AGE:** Years **74** Months **10** Days **23**  
 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Eagle Rock Mo.**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **housewife**

**11. Industry or business**

**12. Name** **J. N. Skelton**

**13. Birthplace** **Eagle Rock Mo.**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Do Not Know**

**15. Birthplace** **Do not Know**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Chas. Van Zandt**

**(b) Address** **Exeter, Mo.**

**17. (a) burial** **(b) Date thereof** **12/18/45**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Corinth Cem.**

**18. (a) Signature of funeral director** **Will Rouse**

**(b) Address** **Cassville, Mo.**

**19. (a) Dec 22-1945** **(b) Grace Williams**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MO.** (b) County **BARRY**  
 (c) City or town **EXETER**  
 (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 \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **DEC.** day **15**  
 year **1945** hour **9** minute **A** M.  
**21. I hereby certify that I attended the deceased from** **Jan 15**  
~~Dec 15~~ **1945**, to **Dec 15** **1945**  
 that I last saw h. c. alive on **Dec 14** **1945**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
 Duration \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) **??**

Major findings:  
 Of operations: \_\_\_\_\_  
 Of autopsy: **940**  
 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?** \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

**23. Signature** **Grace Williams** (M. D. or other) \_\_\_\_\_

Address **Cassville, Mo.** Date signed **12-19-45**

RECEIVED  
District Health Officer No. 6;  
District File Number 146-98  
Date Filed JAN 22 1946

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 *E. M. Joiner*

Licensed Embalmer No. 3453

P. O. Address CASSVILLE, MISSOURI

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.