

S. No. 2  
M-2-43  
5-17-39  
PI X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8861

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

FILED MAR 19 1946

Registration District No. 12

Primary Registration District No. 6289

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:  
Cashland P. R. # 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 Six years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

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

(d) Street No. Cashland P. R. # 1  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME housetta ZUMWALT

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

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
year 1946 hour 21 minute 32 P.M.

21. I hereby certify that I attended the deceased from Aug 8  
1945 to Feb 20 1946  
that I last saw h. alive on Feb 20 1946  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race wht.

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

6. (b) Name of husband or wife James I Zumwalt

6. (c) Age of husband or wife if alive 98 years

7. Birth date of deceased: Feb Sept 3 1864  
(Month) (Day) (Year)

Immediate cause of death Pneumonia

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

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

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

Major findings: Of operations 730

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

8. AGE: Years 82 Months 5 Days 17  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Miltonsboro Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name John Kronhart

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Baker

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Vincent Orner Zumwalt

(b) Address Cashland P. R. # 1

17. (a) Burial (b) Date thereof Feb 22 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenland Indep.

18. (a) Signature of funeral director Theron O. Smith

(b) Address North W. C. Mo.

19. (a) Mar 1 1946 Beverly Kitchner  
(Date received local registrar) (Registrar's signature)

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 fall

23. Signature J. P. Johnson (M. D. or other) DO

Address Cashland, Mo Date signed Feb 21 1946

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

0584

63

(Licensed Embalmer's Statement on Reverse Side)

Received:  
Dist. Health Office  
Filed 3-18-46

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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 Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address. G. R. C. 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.