

FILED JUN 12 1946

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Fitzgibbon
 (If in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 hours
 (Specify whether
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
 (c) City or town Sweet Springs 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 226 0
Bridge 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CAROL MARIE ZENTMEYER

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased FEBRUARY-11-1946
 (Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Marshall Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name Mrs. Zentmeyer

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

14. Maiden name Jessie Zentmeyer

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

16. (a) Informant Mrs. Zentmeyer

(b) Address Sweet Springs Mo

17. (a) Burial (b) Date thereof 5-5-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs Mo

18. (c) Signature of funeral director Jessie Zentmeyer

(b) Address Sweet Springs Mo

19. (a) 5-6-46 (b) Mrs. O. Zentmeyer
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
 year 1946 hour _____ minute 3:45 M.

21. I hereby certify that I attended the deceased from May 2, 1946, to May 3rd, 1946

that I last saw h. alive on May 13, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 75hr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? _____

While at work (Specify type of place) (e) Means of injury _____

Signature Rooster (M. D. or other) _____

Address Marshall Mo Date signed 5-4-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

6-11-46

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.....

- did not Embalm. -

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James H. ...

Licensed Embalmer No. *2214*

P. O. Address *Sweet Springs Md*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 80

1. PLACE OF DEATH:
(a) County Saline Marshall
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Carol M. Zentmeyer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Feb 1 1945
(Month) (Day) (Year)

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

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) MO

10. Usual occupation _____

11. Industry or business Saline Marshall Public Library

12. Name due to heart failure

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Obstruction
Due to Valvular - ?
Due to de. heart failure

Other conditions _____ (Include pregnancy within _____ of death)
Major findings: _____
Of operations _____

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? _____

23. Signature Ronald [unclear] (M. D. or _____)
Address Marshall MO Date signed 6-17-45

SUPPLEMENTARY

MOTHER FATHER

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged

1913