

FILED MAR 13 1947
Registration District No. 157

Primary Registration District No. 5587

Registrar's No. 49.

49
6
2

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 3 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Jasper 6
(If outside city or town limits, write "RURAL")
(d) Street No. North Main Street 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OF DECEASED James L. Zaerr

(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased Dec. 9 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 23 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name James L. Zaerr
13. Birthplace Schuler Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dorthea Isenmann
15. Birthplace Jasper Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James L. Zaerr
(b) Address Jasper Mo.

17. (a) Burial (b) Date thereof 3-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper Mo.

19. (a) 3-4-47 (b) L. B. Clanton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1947 hour 9 minute P- M.

21. I hereby certify that I attended the deceased from 2-1-47 19, to 3-2-47 19;
that I last saw him alive on 3-2-47 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease Duration _____

Due to (Premature Birth)

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature W. H. Knott M.D. (M. D. or other) M.D.
Address Jasper, Mo. Date signed 3-5-47

PHYSICIAN
Underline the cause to which death should be charged statistically.

139

47-3-171

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 Howard E. Simpson

- - Licensed Embalmer No. 4288

P. O. Address Jasper 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.