

S. No. 2
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S-17-39
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UNITED STATES OF AMERICA
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14507**

FILED MAY 7 1947

Registration District No. **2997**

Primary Registration District No. **3052**

Registrar's No. **153**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 hours**
(Specify whether years, months or days) **3 weeks**

3. (a) PRINT FULL NAME **Ray Julius Zelle**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **491-16-7699**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Minnie Swearingen Zelle** 6. (c) Age of husband or wife if alive **unknown**
7. Birth date of deceased **November 8, 1892**
(Month) (Day) (Year)

8. AGE: Years **54** Months **5** Days **11** If less than one day hr. min.

9. Birthplace **BuNormal, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business

12. Name **Henry Zelle**
13. Birthplace **Pekin, Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Sue Humphrey**
15. Birthplace **Pekin, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lydith Putnam**
(b) Address **918 South Kentucky, Sedalia,**
Removal 4/21/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Burlington, Iowa**

18. (a) Signature of funeral director **Phane Ewing**
(b) Address **Sedalia, Mo.**
19. (a) **4/20/47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Stamp on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Syracuse, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **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 **April** day **19** year **1947** hour **1:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 1, 1947** to **April 19, 1947**
that I last saw him alive on **April 19, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma Liver** Duration **1 yr.**

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **46 F**
Of autopsy

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) Manner of injury
23. Signature **John E. Fogler** (M. D. or other)
Address **Witterville Mo** Date signed **4/20/47**

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

5-6-47

1951 C-1112

JUL 10 1951

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

Duane Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia 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.