

FILED JUN 1 1947

Registration District No. 2897

Primary Registration District No. 5975

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Polk
(b) City or town South McAlester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In Village of Polk mo. 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 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Village Polk mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Polk mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME BEATRICE ZUMWALT

3. (b) If veteran, name war 20 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Zumwalt 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Sept 3 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Taney Co. mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name S. D. Tidwell
13. Birthplace Polk mo. 10
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Creed
15. Birthplace Heckey Co. mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Zumwalt

(b) Address Polk mo.

17. (a) Burial (b) Date thereof May 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. View Polk mo.

18. (a) Signature of funeral director Erwin Blue

(b) Address Bolivar, mo.

19. (a) May 29, 1947 (b) Registrar's signature Mal Zumwalt, Reg Address Bolivar, mo Date signed 24 May 1947
(Date received local registrar) (If registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1947 hour 12 minute 3:00 P. M.

21. I hereby certify that I attended the deceased from November 19, 46 (only visit) 1946
that I last saw her alive on November 1946
and that death occurred on the date and hour stated above.

Immediate cause of death unknown Duration _____
Due to arteriosclerotic, hypertensive 10 yrs. heart disease
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 3 D

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) Means of injury 0

23. Signature John Botvick, M.D. (M. D. or other) _____
Address Bolivar, mo Date signed 24 May 1947

RECEIVED
District Health Officer No. 7,
District The Number 5-47-716
Date filed 6-10-47

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.....

Oby Jester

Licensed Embalmer No. *4154*

P. O. Address *Bolivar, 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.