

No. 2
M-5-43
5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25148
Registrar's No. 2226

FILED JUL 24 1947
Registration District No. _____

Primary Registration District No. 6042

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

1. PLACE OF DEATH: Ripley
 (a) County Ripley
 (b) City or town Oxley Rural
 (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 2 years (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME John J. Zion
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 2, 1862
 (Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 4
 If less than one day _____ hr. _____ min.

9. Birthplace Lee County Virginia
 (City, town, or county) (State or foreign country)
 10. Usual occupation School Teacher

11. Industry or business _____
 12. Name unknown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name unobtain
 15. Birthplace _____ (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Ripley County Welfare
 (b) Address Douglas mo. office
 17. (a) Burial (b) Date thereof 6-7-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cent
 18. (a) Signature of funeral director Black-Edward
 (b) Address Douglas mo.
 19. (a) 6-23-47 (b) E. D. Johnston
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Oxley 91
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? no. (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
 year 1947 hour 9 minute 20 P. M.
 21. I hereby certify that I attended the deceased from April 1947, to June 6 1947,
 that I last saw him alive on June 7 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
agrees kidney
with
 Due to a general disability
due to nephritis
 Due to and senility
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: none
 Of operations _____
 Of autopsy no. 52A

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 _____
 23. Signature Frederick (M. D. or other) MD
 Address Ripley mo Date signed 6/7/47

RECEIVED

District Health Officer No. 5,

District File Number 747410

Date Filed 7-22-47

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.