

FILED SEP 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30869

Registration District No. 111

Primary Registration District No. 5427

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Robertsville mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution two weeks (Specify whether  
In this community two weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County 48  
(c) City or town Kansas City, mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1526 Colorado 8  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME

Joe Zumwalt

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 702-14-5540

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Mary Arcilla Zumwalt 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Mar. 13 1888  
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Railroad Switchman

11. Industry or business Missouri Pacific

12. Name David Zumwalt

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

14. Maiden name Alice Kay  
15. Birthplace Robertsville mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Zumwalt  
(b) Address Kansas City, mo.

17. (a) Removal (b) Date thereof 9/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, mo.

18. (a) Signature of funeral director Carol H. Hox

(b) Address St. Clair, Mo.

19. (a) Sept 14/47 (b) Mary B. Gross  
(Date received local registrar) (Registrar's signature) 921

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 13<sup>th</sup> day  
year 1947 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 Coronary Thrombosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 148

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 3

23. Signature E. F. Ottman (M.D. or other) 3  
Address Union mo Date signed 9/13/1947

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

16  
0  
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 5  
District File Number  
Date Filed SEP 18 1947

SEP 29 1947

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 J. M. Leno  
Licensed Embalmer No. 3601  
P. O. Address St. Clair, 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.