

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31030**
Registrar's No. **60**

Registration District No. **129** Primary Registration District No. **6221**

1. PLACE OF DEATH:
(a) County **Holt**
(b) City or town **Mound City, Mo.**
(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 **Lifetime** years, months or days

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

3. (a) PRINT FULL NAME **Earl Franklin Zachary**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **493 18 9456**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **OCT 2** day _____ year **1947** hour **1:00** minute _____ P. 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.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Maude Zachary** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **Nov. 12, 1886**
(Month) (Day) (Year)

Immediate cause of death **ASPHYXIA**
Duration **UNKNOWN**

8. AGE:	Years	Months	Days	If less than one day
	60	10	20	_____ hr. _____ min.

Due to **HANGING BY ROPE**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Holt County, Mo.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **W. P. Zachary**
(City, town, or county) (State or foreign country)

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Browning**

15. Birthplace **Holt County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Zachary**
(b) Address **Mound City, Mo.**

17. (a) **Burial** (b) Date thereof **10/4/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope cemetery**

18. (a) Signature of funeral director **W. Crawford**
(b) Address **Mound City, Mo.**

19. (a) **10-5-47** (b) **J. Zachary**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Suicide**
(b) Date of occurrence _____
(c) Where did injury occur? **MOUND CITY, HOLT MO**
(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 **ROPE**

23. Signature **H. E. Callain** (M. D. or other) **D.O.**
Address **Forest City** Date signed **OCT 2 47**

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Alvan M. Lisboa....., Registered Apprentice No. 48
working under my personal supervision.

Signed H. Crawford
Licensed Embalmer No. 1824

P. O. Address Mound City, 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.