No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11640

FILED APR 26 1948

Registration District No. 2 — Primary Registration District No. 5133 — Registrar's No. 454

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural- Marion Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. # 2 / Easton, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Lifetime

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

3. (a) PRINT FULL NAME Christian Henry Zysset
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased February (Month) 24 (Day) 1875 (Year)

8. AGE: Years 73 | Months 1 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own

MOTHER FATHER
12. Name Christian Zysset
13. Birthplace Unknown (City, town, or county) Switzerlin (State or foreign country)
14. Maiden name Magdalene Ozenberger
15. Birthplace Cosby (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Irene Zysset
(b) Address R.F.D. #2 Easton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Blakley Cemetery
18. (a) Signature of funeral director Herman Wm. Siedenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 4/20/48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from ____, 1946 to 4-18-48, 19____ that I last saw him alive on 4-16-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	1 1/2 yrs
Due to: Generalized arteriosclerosis	3-5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. E. Grimes (M. D. or other) 4/19/48
Address St. Joseph, Missouri (Date signed)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.