DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25468

Registration District No. 34 Primary Registration District No. 5117 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural Cedar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ashland, Mo. R.F.D. #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Ashland Mo RFD #2 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Orey Brooks Zumwalt

3. (b) If ~~veteran~~, name war World No 1

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eula Zumwalt

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct (Month) 3 (Day) 1893 (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	10	5	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name James Zumwalt
13. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Brown
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Eula Zumwalt
(b) Address Ashland Mo RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant Cemt.

18. (a) Signature of funeral director Wm C. Burnett
(b) Address Ashland Mo

19. (a) 8-9-48 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Month~~ Aug day 5
year 1948 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown.	
Due to Believed to be heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95c	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 3

23. Signature E J Ward Coroner (~~M. D.~~ other)

Address Columbia Mo Date signed 8/9/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A FEW

AUG 30 1948

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed AUG 18 1948

AUG 23 19

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 Wm. C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland Pa

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.