

FILED NOV 17 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37472

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 239
(b) Township Como Primary Registration District No. 5825
(c) City Hillbourn Rt. 1 or (d) Street No. _____ Registered No. 40
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. 50

2. PRINT FULL NAME

PEARLIE-MAE-ZUCK
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1948
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New Madrid County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Francis Zuck

14. BIRTHPLACE (CITY OR TOWN) Stockdon O. (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Helen Sanders

16. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) County Missouri

17. INFORMANT (ADDRESS) Francis Zuck
East Prairie MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parma DATE 7/22 1948

19. FUNERAL DIRECTOR (NAME) Walter J. J. J. J. (ADDRESS) Parma MO.

20. FILED 11-12 1948 Dr. Geo. W. Wheat Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22-12:16 P.M. 1948

22. I HEREBY CERTIFY That I attended deceased from July 21 1948 to July 22 1948

I last saw her alive on July 22 1948. Death is said to have occurred on the date stated above, at 10:19 m.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Condition

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? 1576 Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Clayton M. J. J. M. D.

(Address) Parma MO.

RECEIVED

District Health Office No. 2₁

District File Number 1148-1537

Date Filed 11-15-48

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.....

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, above space should be left blank.