

Registration District No. 14 WINDSOR Primary Registration District No. 5496

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Rural, Windsor Twp.  
(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days  
3. (a) PRINT FULL NAME Henry J. Zollicker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Beaman Zollicker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 28 1886  
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry Zollicker  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Dantz  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Henry Zollicker  
(b) Address RFD Windsor, Missouri

17. (a) Burial (b) Date thereof Jan. 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Huston-Turner  
(b) Address Windsor Missouri

19. (a) 1-29-1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD 3, Windsor  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28  
year 1940 hour 7:30 a minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan. 20, 1940, to Jan. 27, 1940; that I last saw him alive on Jan. 20, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1/2 hr

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

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

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

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 \_\_\_\_\_  
Signature J.A. Blackmore (M. D. or other) \_\_\_\_\_  
Address Windsor Date signed 1-31-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 7,  
District File Number 2-H.O.-217  
Date Filed 2-16-40

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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.....

*Edw. H. Hunter*

Licensed Embalmer No.....

3391

P. O. Address.....

*Windsor 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, above space should be left blank.