

No. 2  
-13-40  
17-39  
X23159

FILED NOV 6 1941

Registration District No. **379**

Primary Registration District No. **1-487**

Registrar's No. **16**

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

1. PLACE OF DEATH:  
 (a) County Henry  
 (b) City or town Rural, Tebo Twsp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ROUTE # 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 31 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry 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 Annie Danz Zollicker 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased November 4 1849  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>10</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Farming

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

12. Name Henry Zollicker

13. Birthplace unknown Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Zollicker

(b) Address Calhoun, Missouri

17. (a) Burial (b) Date thereof 9-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) Oct. 4, 1941 (b) Mrs. Edith J. Simpson  
(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. R # 2, Calhoun  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1941 hour 7:45 p M. minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from Sept 15 1941 to Sept 21 1941.  
that I last saw him alive on Sept 21 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronch pneumonia

Due to early ad exposure

Due to \_\_\_\_\_  
Other conditions 107  
(Include pregnancy within 3 months of death)

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

Duration 5 days

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?

While at work? 0  
(Specify type of place) (e) Means of injury

23. Signature D. A. Pelland (M. D. or other) \_\_\_\_\_  
Address Calhoun Mo Date signed 9-22-41

