

FILED NOV 25 1946

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 210

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CLINTON GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 DAYS
In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County HENRY
(c) City or town CLINTON, RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. DAVIS TWP.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FREDRICK ZEHNDER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Mauda Dehor Zehnder 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased APRIL 14 1896
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 1 If less than one day hr. min.

9. Birthplace SHUR SWITZERLAND
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name FREDRICK ZEHNER
13. Birthplace UNKNOWN
(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 Fred Zehnder

(b) Address Clinton Mo. R.F. 5

17. (a) BURIAL (b) Date thereof 11-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD CEMETERY

18. (a) Signature of funeral director W.D. Baroant

(b) Address Clinton, Mo.

19. (a) 11-16-1946 (b) R.R. Kerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 15
year 1946 hour 5:30 minute 4 M.

21. I hereby certify that I attended the deceased from Oct 18, 1946 to Nov 15, 1946.
that I last saw him alive on Nov 15, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration mediate

Due to
Due to

Other conditions Central Nervous System 3 weeks
(Include pregnancy within 3 months of death)

Major findings: Of operations 94A
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?

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

23. Signature R.P. Hallgren (M. D. or other) M.D.
Address Clinton Mo Date signed 11/16/46

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

3669D

77-61-11
1608-97-01

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.....

H. J. Carisart

Licensed Embalmer No.

3779

P.O. Address.....

Clinton

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.