

REC'D OCT 7 1938

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

32436
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township 1 Primary Registration District No. 3020 Registered No. _____
(c) City Carthage (d) Street No. Store - Memorial Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. da.

2. PRINT FULL NAME Isaac L. Zeter 1/10

(a) Residence, No. Alba, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Octavia Zeter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) (STATE OR COUNTRY) St. Clair County Illinois

FATHER 13. NAME Solomon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER 15. MAIDEN NAME Polly Herron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT (ADDRESS) Mrs. E. E. Deafe
Nick City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem. DATE Sept. 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. Mortuary
Carthage, Missouri

20. FILED Sept. 3, 1938 E. J. Mc Intire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1938 to Sept. 1, 1938
I last saw him alive on Sept. 1, 1938. Death is said to have occurred on the date stated above, at 9:35 a.m.

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

Shock
11/12
Other contributory causes of importance:
Hypostatic Congestion

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Albert P. Wheeler, M.D.
815 (Address) Carthage, Mo.

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.

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RECEIVED
District Health Officer No. 6,
District File Number 6-38-280
Date filed 10-2-38

STATEMENT BY LICENSED EMBALMER

I, P. W. K. M. M. C., Licensed Embalmer No. 814
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed P. W. K. M. M. C.
Licensed Embalmer No. 814

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.)