

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11918

Registration District No. 773

Primary Registration District No. 6018A

State File No. _____

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Wilmington Rural St. Francois township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 38 years

3. (a) PRINT FULL NAME Myrtle Vivian Zolman

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

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

6. (b) Name of husband or wife EDGAR ZOLMAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 7 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Doe Run Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

12. Name John Wesley Calvird

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

14. Maiden name Elmer Farrar
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Alma Bennett
(b) Address 401 N. "A" Street, Farmington, Mo.

17. (a) Burial (b) Date thereof 3 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Richardson Funeral Home
(b) Address Farmington, Mo.

19. (a) McL 2 4 1941 (b) T. J. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 94

(a) State Missouri (b) County St. Francois

(c) City or town Wilmington
(If outside city or town limits, write "RURAL")

(d) Street No. 401 N. "A" Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1941 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4-10-36
_____, 19____, to 3-23-41, 19____;

that I last saw her alive on 3-23-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Massive progressive Diffuse Cerebral Hemorrhage Duration 3/14/41

Due to Glomerulonephritis-chronic with marked hypertension 6 plus yrs,

Due to Chronic valvular heart disease (probably rheumatic) (many years)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations NO 17818

Of autopsy NO

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) NO

(b) Date of occurrence NO

(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? NO

While at work? NO (Specify type of place) _____
(Specify means of injury)

23. Signature G. TIVIS GRAVES, JR. (M. D. or other) MD
Address Farmington, Mo. Date signed 3/24/41

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..... *Paul D. Rigal*

Licensed Embalmer No. *420*

P. O. Address..... *Farmington, 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, fact should be so stated above.