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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18894

FILED JUN 11 1941

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 74

1. PLACE OF DEATH:

(a) County St. Francois Co.
(b) City or town Near Farmington St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 49
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 yr. 2 mo. 21
(Specify whether years, months or days)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Holcomb
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Zona Underwood

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 Widow

6. (b) Name of husband or wife Allen Underwood

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Oct. 3 1881
(Month) (Day) (Year)

8. AGE:

Years 59 Months 7 Days 8
If less than one day hr. 3 min.

9. Birthplace Dunklin Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Back

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

14. Maiden name Anna Trout

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

16. (a) Informant Records of State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 5-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cem. of State Hosp. #4

18. (a) Signature of funeral director Hugo Cozean

(b) Address Farmington, Mo.

19. (a) May 11 41 (b) V. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10
year 1941 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from 9-1-38 to 5-10-41,
that I last saw her alive on 5-10-41,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardiosis Duration 6 yrs

Due to Essential hypertension 16 yrs

Due to 93 60

Other conditions Psychosis associated with
(Include pregnancy within 3 months of death)
organic changes in Central Nervous System

Major findings: Of operations
Of autopsy Extreme cortical atrophy
Bilateral (old) hematomata

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) _____
(Specify means of injury) _____

23. Signature Paul J. Schuch (M. D. or other) MD

Address Farmington, Mo. Date signed _____

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

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..... Not embalmed.....

Licensed Embalmer No.....

P. O. Address.....

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.