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DEPARTMENT OF COMMERCE  
OFFICE OF THE COMMISSIONER  
FILED SEP 6 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29643

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Reel-Washington Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 years  
(Specify whether years, months or days)

In this community 27 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cooper

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

(d) Street No. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME George Zeller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>?</u>	<u>?</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Unknown

11. Industry or business -

MOTHER FATHER

12. Name George Zeller

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

14. Maiden name Regina Blatz

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

16. (a) Informant Record, State Hosp #3

(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof Aug 10 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director Ways Funeral Service

(b) Address Nevada, Missouri

19. (a) 8-10-1941 (b) Allen V. Ways  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10<sup>th</sup>  
year 1941 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from June 18  
1936, to August 10, 1941;

that I last saw him alive on August 9, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility - Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Fracture, Neck, Right Femur

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 1860

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 1941

(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature R.H. Patten (M. D. or other) M.D.

Address Nevada, Mo. Date signed 8-10-41

Duration  
Years - \_\_\_\_\_

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1588

Date Filed 9-4-41

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**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 Allen V. Hayes

Licensed Embalmer No. 9968

P. O. Address Nevada, 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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29643

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Vernon
- (b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_
- (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")
- (d) Street No. \_\_\_\_\_  
(If rural, give location)
- (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

- 3. (a) PRINT FULL NAME George Zeller
- 3. (b) If veteran, name war \_\_\_\_\_
- 3. (c) Social Security No. \_\_\_\_\_

- 4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
- 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
- 7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

- 8. AGE: Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_  
(If less than one day, in min.)

- 9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

- 10. Usual occupation \_\_\_\_\_

- 11. Industry of business \_\_\_\_\_

- 12. Name \_\_\_\_\_
- 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)
- 14. Maiden name \_\_\_\_\_
- 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

- 16. (a) Informant \_\_\_\_\_
- (b) Address \_\_\_\_\_

- 17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation \_\_\_\_\_

- 18. (a) Signature of funeral director \_\_\_\_\_
- (b) Address \_\_\_\_\_

- 19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month Aug day 14 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.
- 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY

Emphysema

Senility

Chronic Myocarditis

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accident
- (b) Date of occurrence July 15 1941
- (c) Where did injury occur? Nevada Vernon Mo  
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
State Hospital # 3

While at work? No (Specify type of place)  
Means of injury Fall

- 23. Signature Resett H. Patten (M. D. or other) M.D.
- Address Nevada, Mo. Date signed 1-31-42

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

