

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31535  
State File No. \_\_\_\_\_  
Registrar's No. 775

FILED OCT 14 1941

Registration District No. 318

Primary Registration District No. 5439

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

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield (Rural) Greene  
(c) Name of hospital or institution: R. F. D. #11  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mrs. Clara Rissie VanZandt  
3. (b) If veteran, no name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Husband Chas. VanZandt  
6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Feb. 26 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Morse  
13. Birthplace No Data No Data  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Vaughn  
15. Birthplace No Data Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. VanZandt  
(b) Address Springfield Missouri

17. (a) Burial (b) Date thereof Sept 30 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.  
Alma Lohmeyer Funeral Home

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

19. (a) 9-29-41 (b) W. E. Handley M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield (Rural) Greene  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. #11  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27  
year 1941 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from the body at 12:45 P.M. Sept. 29 1941 to Alma Lohmeyer  
7 Home 1. 19. \_\_\_\_\_  
(and that death occurred on the date and hour stated above.)

Immediate cause of death Chokelex 4 & 2 Duration \_\_\_\_\_  
probable cerebral hemorrhage

Due to Mad doctor present at time of death  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 430

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

Signature W. E. Handley M.D. Date signed 9/29/41  
Address 227 E. Blue St.

(Licensed Embalmer's Statement on Reverse Side)

**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 Harlow Knab

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.**

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