

No. 2
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3159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34619

Registration District No. 175

Primary Registration District No. 4104

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Salisbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Nellie Isabelle Zeltner

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

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

6. (b) Name of husband or wife John Zeltner 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 23 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business XX

12. Name James Avery

13. Birthplace Mich. 1
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Plians

15. Birthplace Howard County Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant John Zeltner

(b) Address Salisbury, Mo.

17. (a) Burial (b) Date thereof 10-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury City Cem.

18. (a) Signature of funeral director Geo. B. Winkelmyer

(b) Address Salisbury, Mo.

19. (a) 10/9/41 (b) Winkelmyer
(Date received local registrar) (Registrar's signature)

11087 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1941 hour 11 minute 5 A.M.

21. I hereby certify that I attended the deceased from Oct 7 -
1941 to Oct 8 1941
that I last saw her alive on Oct 7 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage
Due to Auto accident

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 123
(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 10

23. Signature Winkelmyer (M. D. or other)
Address Salisbury Mo Date signed 10/9/41

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

1
2
0

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-11-41

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.....

John D. Pinkelney, Registered Apprentice No.
working under my personal supervision.

Signed *John D. Pinkelney*
Licensed Embalmer No. 3981
P. O. Address *Shahung, M.*

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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1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Salisbury
(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
In this community.....
years, months or days)

3. (a) PRINT FULL NAME

Nellie D. Zeltner

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex F

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

Aug 23, 1896
(Month) (Day) (Year)

8. AGE:

Years 65

Months 1

Days

If less than one day
..... min.

9. Birthplace.....

(City, town, or county)

(State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

13. Birthplace.....

(City, town, or county)

(State or foreign country)

14. Maiden name.....

(City, town, or county)

(State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a).....

(Burial, cremation, or removal)

(b) Date thereof.....

(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a).....

(Date received local registrar)

(b).....

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (A) County Chariton
(c) City or town Salisbury
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 27,
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19.....
that I last saw him..... live on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Internal
marriage
Due to Auto accident
Another auto

Due to.....
Other conditions Broken pelvis +
(Include pregnancy within 3 months of death)
James vs Pelvic injury!

Major findings:
Of operations.....

Of autopsy.....
1700-8
22

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? K.C. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway
While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature [Signature] (M. D. or other) MD
Address Salisbury Date signed 2/6/41

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

