

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41212
Registrar's No. 4893

Registration District No. 329
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution: Y M C A
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Unknown (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Jackson (If outside city or town limits, write "RURAL") 248 8th St
(d) Street No. Y M C A (If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Zurnsted
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12, Day 31, Year 1941
hour _____ minute 9:30 AM

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him/her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased: Unknown
(Month) (Day) (Year)
8. AGE: Years 36 Months _____ Days _____ If less than one day hr. _____ min. _____

Duration _____
Cause of death: Acute Pulmonary Edema, Heart Stage
Acute Cerebral Edema
Status Lymphaticus

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Unknown

Other conditions (include pregnancy within _____ months of death)
Major findings: _____
Of operations _____ 64
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant Lewis Zurnsted
(b) Address Ottumville Mo
17. (a) Burial (b) Date thereof 12/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ottumville Mo

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? _____
(Specify type of place) _____ (e) Means of injury 3

18. (a) Signature of funeral director Schultz P. Correll
(b) Address 901 E 5th
19. (a) Dec 31 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Russell (M. D. or other)
Address _____ 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.....

Roy E Snow

Licensed Embalmer No. 2560

P. O. Address 1807 E 29th

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.