

FIFTH JAN 23 1942

Registration District No. 571

Primary Registration District No. 4234

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Moniteau Co.  
(b) City or town California, MO. In Walker  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
California, Mo. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
# One Yr (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Henry Zobel

3. (b) If veteran, name war No

3. (c) Social Security No. 334 .03.7313

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Myrtle Zobel

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased. Jan 24 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Leather Worker

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

12. Name Harry Zobel

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

14. Maiden name Lena Werner  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Myrtle Zobel

(b) Address California, Mo

17. (a) Burial (b) Date thereof Dec. 27. 4  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director Boulin Funeral Home

(b) Address California, Mo

19. (a) Dec 25 (b) Mrs James Rath  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68  
(c) City or town California, Mo.  
(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 Dec day 24 year 1941 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec 14 1941 to Dec 24 1941.  
that I last saw him alive on Dec 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to Cardiac asphyxia

Other conditions gfa  
(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 \_\_\_\_\_  
(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 3  
23. Signature H. J. Benion (M.D. or other) D. O  
Address California, Mo Date signed 12/25/41

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

69

2120

510

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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 Earl B. Boulin  
Licensed Embalmer No. 2126  
P. O. Address California, Ill.

**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.**