

S. No. 2
M-1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30784

State File No. _____

FILED OCT 9 1942
Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 154

59-2

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
408 East Clay Street
(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)

In this community 41 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 408 East Clay Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME THELMA ZIRKLE

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

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

6. (b) Name of husband or wife William Z Zirkle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 5th 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>7</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace Blue Mound Twp. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Elwin Prosser

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

14. Maiden name Mattie Martin

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

16. (a) Informant William Z. Zirkle

(b) Address Chillicothe, Missouri

17. (a) Chillicothe (b) Date thereof 9 10 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) SEPT 10 - 1942 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th
year 1942 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from June 1 1942 to Sept 8 1942
that I last saw him alive on Sept 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Ovary 2 years
Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations H 90

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 _____

23. Signature P. Callen (M. D. or other) _____
Address Chillicothe Date signed MO.

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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.....

E. R. Norman

Registered Apprentice No.....

working under my personal supervision.

Signed.....

ER Norman

Licensed Embalmer No. 2374

P. O. Address. Chillicothe, 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.