

S. No. 2
M-9-4-41
Ev. 5-17-39
VI X29484

36078

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **10139**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Pacific Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Arkansas** (b) County **3**
(c) City or town **Cotter, Arkansas**
(If outside city or town limits, write "RURAL")
(d) Street No. **Cotter Arkansas**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **John Omer Zody**
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **3**
year **1942** hour **9** minute **30** P. M.
21. I hereby certify that I attended the deceased from **Nov 11**
19 **42** to **Dec 3** 19 **42**
that I last saw him alive on **Dec 3** 19 **42**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or face **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lucille Zody** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **August 7th 1877**
(Month) (Day) (Year)

Immediate cause of death **Myelogenous Leukemia**
Due to _____
Due to **174**
Other conditions (Include pregnancy within 3 months of death) **72**
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	65	3	27	hr. _____ min. _____

9. Birthplace **Cotter, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer**

11. Industry or business **Missouri Pacific R.R.**

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucille Zody**
(b) Address **Cotter, Arkansas**

17. (a) **Burial** (b) Date thereof **Dec. 5th 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cotter, Arkansas**

18. (a) Signature of funeral director **Wm. J. Robert**

(b) Address **1905 South Grand Blvd.**

19. (a) **DEC 4 1942** (b) **J. F. Breda**
(Date received local registrar) (Registrar's signature)

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. Signature **Dr. Baugh** (M. D. or other) **MD**
Address **no. Pac Hwy** Date signed **12-3-42**

APR 19 1947

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..... *John Hetter*
Licensed Embalmer No. *3880*

P. O. Address.....

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.