

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7247

State File No.

Registrar's No. 1880

FILED MAR 8 1944 128

Registration District No. 128 Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH: **GREENE**

(a) County Springfield

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

(c) Name of hospital or institution: 1016 Concord
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

(c) City or town Springfield
(If outside city or town limits, write "RURAL") **6**

(d) Street No. 1016 Concord
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME William Zable

3. (b) If veteran, name war No

3. (c) Social Security No. unk.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1944 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb 1 - 44
to Feb 19 1944
that I last saw him alive on Feb 1 1944
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ollie Zabel

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased: Oct. 21 1883
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94 f

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>60</u>	<u>3</u>	<u>28</u>	hr. min.

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

10. Usual occupation Junk Dealer

11. Industry or business

MOTHER FATHER {

12. Name E. Zabel

13. Birthplace unk. Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Fuller

15. Birthplace unk. Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie Zabel

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

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

(b) Address Springfield, Mo.

19. (a) 2-23-44 (b) H. W. Haubler
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations

Of autopsy

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?

23. Signature H. W. Haubler (M. D. or other) M.D.
Address Springfield Date signed Feb 21 44

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Licensed Embalmer's Statement on Reverse Side

X

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Springfield 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.