

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 4 1945

Primary Registration District No. 5699

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
At farm home 1/2 mile East Avalon, 1/2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston, 57

(c) City or town 1/2 mile east Avalon, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. RFD#
(If rural, give location)

(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Daniel Leänder Fisher Zumbro.

3. (b) If veteran, name war no.

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd,
year 1945 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from after walk
on July 23, 1945, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race W

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

6. (b) Name of husband or wife Mrs Jane E. Zumbro.

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

7. Birth date of deceased September 24th 1872
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration _____

8. AGE: Years Months Days If less than one day

72	9	29	hr. _____ min.
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Due to Heart + High blood pressure

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer.

11. Industry or business same

Major findings: Of operations _____

Of autopsy _____

12. Name Rev. J. L. Zumbro.

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

Underline the cause to which death should be charged statistically.

PHYSICIAN J. J. [Signature]

14. Maiden name Mary Price,

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

16. (a) Informant Mrs Jane E. Zumbro.

(b) Address Avalon, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Avalon, Missouri.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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? _____

18. (a) Signature of funeral director Clifford W. Austin,

(b) Address Tina, Missouri.

(Specify type of place) _____ (c) Means of injury 3

23. Signature Dr. Mark Livingston O'Neil (M.D. or other) _____

Address Phillip [Signature] Date signed July 24, 1945

19. (a) July 23 '45 (Date received local registrar) (b) Mrs Van D. Fullerton (Registrar's signature)

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.....

Clifford W. Fisher

Licensed Embalmer No. *3233*

P. O. Address *Tina, Missouri*

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.