

No. 2
-8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20804

State File No. _____

Registrar's No. 85

Registration District No. 155 Primary Registration District No. 5579

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JASPER MINERAL T. P. RURAL
(If outside city or town limits, write "RURAL" and name of township).

(c) Name of hospital or institution: JASPER CO. TUBERCULOSIS HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 mo. 8 da.
(Specify whether years, months or days)

In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER 4-1

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

(d) Street No. 2312 WALL ST.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME CLARENCE H. ZELLERS.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month MAY day 31
year 1946 hour 8:30 minute _____ A. M.

4. Sex M C 5. Color or race W

6. (a) Single, widowed, married, divorced MARR. 1

6. (b) Name of husband or wife JEAN ZELLERS

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

7. Birth date of deceased: JULY 5 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-18
1946, to 5-31, 1946
that I last saw him alive on 5-30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHIECTASIS

Duration 8 yrs.

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

40 10 26 hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 112

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation MECHANIC

11. Industry or business ?

12. Name ANDREW F. ZELLERS

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

14. Maiden name ELIZA M. MILLAN

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

16. (a) Informant RECORDS

(b) Address _____

17. (a) Burial (b) Date thereof 6-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem Cem

18. (a) Signature of funeral director Wulbert and Co

(b) Address Joplin MO

19. (a) JUNE 3; 46 (b) Dr. Mitchell
(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 _____

Signature D. Douglas (M. D. or other) M.D.

Address Box 390 WEBB City MO Date signed 5-31-46

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

MOTHER FATHER

137

(Licensed Embalmer's Statement on Reverse Side)

46-6-508

OCT 17 1950

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 Perry K. Wurbit.

Licensed Embalmer No. 959

P. O. Address Joslin 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.