

FILED APR 18 1947

State File No.

Registration District No. 290

Primary Registration District No. 4428

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME May G ZUMWALT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1947 hour 6 minute 3 P. M.

21. I hereby certify that I attended the deceased from March 1946 to April 2 1947; that I last saw her alive on April 2 1947 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Tom Zumwalt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 15 1881
(Month) (Day) (Year)

Immediate cause of death

Congestive Heart Failure Duration 4 days

Due to Bronchopneumonia 6 days

Due to Hypertensive Cardiovascular Disease

Other conditions (Include pregnancy within 3 months of death)

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

65 6 18 hr. _____ min.

9. Birthplace Richland mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Johnson

13. Birthplace Laclede Co. mo
(City, town, or county) (State or foreign country)

14. Maiden name Anna Corral

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

16. (a) Informant Tom Zumwalt

(b) Address Richland mo.

17. (a) Burial (b) Date thereof 4-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cemetery

18. (a) Signature of funeral director R. D. Deeper

(b) Address Richland mo

19. (a) 4/15/47 (b) Thelma C. Buckhart
(Date received local registrar) (Registrar's signature)

Major findings: 137A

Of operations _____

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) (b) Means of injury _____

23. Signature Ray H. Reed (M. D. or other) _____

Address Richland Date signed 9 Apr 47

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

85
06

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.....

Arle E. Bunch, Registered Apprentice No. 481
working under my personal supervision.

Signed AB Luper

Licensed Embalmer No. 3198

P. O. Address Richland 222

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.