

1. PLACE OF DEATH:  
(a) County Caldwell  
(b) City or town Polo  
(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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Caldwell  
(c) City or town Polo (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 John W. Zeisel  
3. (b) If veteran name par \_\_\_\_\_ 3. (c) Social Security No. 215

MEDICAL CERTIFICATION -  
20. DATE OF DEATH: Month May day 4 year 1947 hour 4 minute 15 P. M.  
21. I hereby certify that I attended the deceased from June 10 1943 to May 4 1947; that I last saw him alive on May 4 1947; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bloraine Zeisel 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Dec. 18 - 1875 (Month) (Day) (Year)

Immediate cause of death Carcinoma of Prostate acute nephritis.  
Duration 3 yrs 2 months

8. AGE: Years 71 Months 4 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 5/10  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Caldwell Co Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
12. Name John Zeisel  
13. Birthplace Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Elyzabeth Lindsey  
15. Birthplace Mo (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Claud Cravens  
(b) Address Polo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-47 (Month) (Day) (Year)  
(c) Place: burial or cremation Prairie Ridge  
18. (a) Signature of funeral director Alspaugh & Co  
(b) Address Polo Mo  
19. (a) May 7/47 (Date received from registrar) (b) Bladys Jones (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 \_\_\_\_\_  
23. Signature C. H. Wilson (M. D. or other) \_\_\_\_\_  
Address Polo Mo Date signed 5-5-47

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

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**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....

Licensed Embalmer No.....

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.**