V. S. No. 2
00M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27814

Registration District No. 221 Primary Registration District No. 5793 Registrar's No. 173

1. PLACE OF DEATH:
(a) County MONITEAU
(b) City or town LINN Twp RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural 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 78 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONITEAU
(c) City or town RURAL LINN Twp
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
6 mi N West of Jamestown Mo
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN ZEY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) ~~Name of husband or~~ wife CHRISTENA ZEY
6. (c) ~~Age of husband or~~ wife if alive 70 years
7. Birth date of deceased 6 (Month) 3 (Day) 1868 (Year)

8. AGE: Years 78 Months 2 Days 8 If less than one day hr. min.

9. Birthplace MISSOURI 0 (City, town, or county) (State or foreign country)
10. Usual occupation FARMING
11. Industry or business
FATHER
12. Name JOHN ZEY 0
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LOUISE BAKER
15. Birthplace MISSOURI 0 (City, town, or county) (State or foreign country)
16. (a) Informant Francis Zey
(b) Address California Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation CEDRON
18. (a) Signature of funeral director C. ALBERT HARNBECK
(b) Address PRAIRIE HOME Mo
19. (a) Aug 15-1946 (Date received local registrar) Yada M Snow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1946 hour 1 30 minute P M.
21. I hereby certify that I attended the deceased from June 13 1946 to Aug 11 1946 that I last saw h. alive on Aug 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death (a) Cancer Stomach — Duration 6 mo
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations NK
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature A L Meredith (M. D. or other L.)
Address Prairie Home Mo Date signed 8-14-46

(Licensed Embalmer's Statement on Reverse Side)

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 C. Albert Hornbeck

Licensed Embalmer No. 2704

P. O. Address Prairie Home 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.