

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
907 North Owns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
Life (Specify whether
In this community... years, months or days)

3. (a) PRINT FULL NAME Edward E. Zey

3. (b) If veteran, No
name war
3. (c) Social Security No. 497.18.4418

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Zey 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept 14 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 0 If less than one day
hr. min.

9. Birthplace Moniteau Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Machinest

11. Industry or business

12. Name Abam Zey
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Ludwig
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Emma C. Zey
(b) Address California Mo.
17. (a) Burial (b) Date thereof Aug. 16. 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cemt

18. (a) Signature of funeral director Pauline Funeral Home
(b) Address California
19. (a) 8-15-44 (b) Ray. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 907 North Owns
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1944 hour 1 minute 10 P.
21. I hereby certify that I attended the deceased from July 14 to Aug 14 1944
that I last saw him alive on Aug 14 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of Liver
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Ray. Allen (M. D. or other)
Address California Date signed 8/15/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-8-44

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Eane R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.