

STANDARD CERTIFICATE OF DEATH

State File No. 28308

Registration District No. 3

Primary Registration District No. 3014

Registrar's No. 208

~~FILED~~ AUG 10 1940

FILED SEP 10 1940

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 415 Vista Place
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mrs. Nora Zugmaier

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

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

6. (b) Name of husband or wife Frank Zugmaier 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 12, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>5</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Wickers
13. Birthplace Morrison, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Caroline Wehmeyer
15. Birthplace Osage Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Zugmaier
(b) Address 415 Vista Place, J. C. Mo.

17. (a) Burial (b) Date thereof Aug. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Jefferson City, Mo.

19. (a) 8/17/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1940 hour three minute two P. M.

21. I hereby certify that I attended the deceased from 8/7/1940
to 8/13/1940, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage,
Secondary cancer
Due to (1) hypertension
(2) sclerotic myocarditis
Due to (1) deenerative nephritis,
chr.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no 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 [Signature] (M. D. or other)
Address Jefferson City, Mo. Date signed _____

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

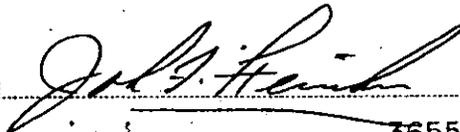
STATEMENT BY LICENSED EMBALMER

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. 3655

P. O. Address Jefferson City, 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, above space should be left blank.