

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31416

State File No.

Registrar's No.

970

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sunny Slope Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days) 7 days

3. (a) PRINT
FULL NAMEGlenn Zahnd

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

m

5. Color or

race

w

6. (a) Single, widowed, married,

divorced

single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

7. Birth date of deceased

July
(Month)23
(Day)1940
(Year)

8. AGE:

Years

Months

Days

If less than one day

0111

hr. min.

9. Birthplace

Andrew county

(City, town, or county)

mo

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Otto Zahnd

13. Birthplace

Thun Switzerland

(City, town, or county)

(State or foreign country)

14. Maiden name

Cyrena Grader

15. Birthplace

Andrew county mo

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Otto Zahnd

(b) Address

Savannah mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

9-5-1940

(Month) (Day) (Year)

(c) Place: burial or cremation

Greenwicht new savannah

18. (a) Signature of funeral director

E. G. Brett

(b) Address

Savannah mo19. (a) 9-4-1940

(Date received local registrar)

(b) A. J. Westphal

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Jefferson Township
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4
year 1940 hour 4 minute 00A M.

21. I hereby certify that I attended the deceased from

8-29, 1940 to 9-3, 1940
that I last saw him alive on 9-3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis DurationPertussis
Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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 H. J. Petersen M. D. or other moAddress 706 Francis St. St. Joseph Date signed 9-4-40

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, above space should be left blank.