

FILED AUG 7 1941

Registration District No. 203

Registrar's No. 421

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Warsaw, Mo.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXX
In this community 21 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Benton
(c) City or town Warsaw,
(d) Street No. No. name
(e) If foreign born, how long in U. S. A. ? XXXXXXXX years.

3. (a) PRINT FULL NAME Ottila Zulke

3. (b) If veteran, name war none
3. (c) Social Security No. XXXXXXXX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife husband 6. (c) Age of husband or wife if alive dead

7. Birth date of deceased March 3rd 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 00
If less than one day XXXXXXXXXX hr. min.

9. Birthplace Grole, Nebr.
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business own home

MOTHER FATHER
12. Name Gustiv Vossberg
13. Birthplace unknown Germany 4
14. Maiden name unknown
15. Birthplace unknown Germany 4

16. (a) Informant Louis Zulke
(b) Address Warsaw, Mo.

17. (a) Burial (b) Date thereof 7/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cemetery, Warsaw

18. (a) Signature of funeral director Deane G. Goring
(b) Address Sedalia, Mo.

19. (a) 7/6/41 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1941 hour nine minute forty A.M.

21. I hereby certify that I attended the deceased from June, 4, 1940 to July, 3, 1941; that I last saw her alive on July, 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration 12 mo.

Due to XXXXXX

Due to XXXXXX

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? Mo.
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Emm. Stalle (M.D. or other) PP
Address Warsaw Mo Date signed 7/3/41

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

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1215

Date Filed 8-4-41

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 Duane C. Wing

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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.