

FILED OCT 21 1941

Registration District No. _____

Primary Registration District No. 5253

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Linn RFD
(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 none
In this community all her life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage
(c) City or town Linn (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13
year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1-6-39
1939 to 9-13-41 19____
that I last saw her alive on 9-10-41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Bilateral Bronchial pneumonia
Chronic myocarditis
Due to _____

Duration

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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?

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

23. Signature W. J. McKeally (M. D. or other) _____
Address Channah Date signed _____

3. (a) PRINT FULL NAME Catherine Lucke

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Dead years 1853
7. Birth date of deceased Aug (Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace St Louis (City, town, or county) MO. (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name Nicholas Zewicki

13. Birthplace Poland (City, town, or county) (State or foreign country)

14. Maiden name Catherine Nunn

15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Fred E Hartman

(b) Address _____

17. (a) Burial (b) Date thereof 9/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn, Mo

18. (a) Signature of funeral director Hyde Norton

(b) Address Linn

19. (a) 9-22-41 (b) Emily Krotte
(Date received local registrar) (Registrar's signature)

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

600

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 *Vernon Morton*

Licensed Embalmer No. *4125*

P. O. Address *Lynn.*

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.