

Registration District No. **230**

Primary Registration District No. **4345**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County Montgomery  
 (b) City or town Bluffton, Mo. Foster, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: XX  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution XX  
 In this community 6 hr 12 MIN. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Michael Bruce Zumsteg,

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

4. Sex 0 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased. Aug 3rd 1942  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>XX</u>	<u>XX</u>	<u>XX</u>	<u>XX</u>	<u>6 hr 15 min.</u>

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

10. Usual occupation 0

11. Industry or business 0

MOTHER FATHER { 12. Name Virgil Zumsteg,  
 13. Birthplace Bluffton, Mo. 0  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Marie Kellmeyer,  
 15. Birthplace McKittrick, Mo. 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant Virgil Zumsteg,  
 (b) Address Bluffton, Mo. 0

17. (a) Burial (b) Date thereof Aug 4th 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Best Bottom,

18. (a) Signature of funeral director Robert [Signature]  
 (b) Address Americus, Mo.

19. (a) Aug 4-1942 (b) Mrs Corrie ASTUART  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3  
 year 1942 hour 11:15 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 8  
Birth 1942 to Aug 3 1942  
 that I last saw 0 alive on Aug 13 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death mal-nutrition Duration 0

Due to Don't know

Due to 0

Other conditions Breach Presentation  
 (Include pregnancy within 3 months of death)

Major findings: 158  
 Of operations 0  
 Of autopsy 0

PHYSICIAN

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) 0  
 (b) Date of occurrence 0  
 (c) Where did injury occur? 0  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature O. R. Rauschelbad (M. D.)  
R. H. [Signature]  
 Address 0 Date signed 8-4-42

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



MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30 92 J

Registration District No. 230

Primary Registration District No. 4345

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
.....  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Michael Bruce Zumbro

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

4. Sex male 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..... 1966 years

7. Birth date of deceased Aug 3  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....  
year 1962 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....  
that I first saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

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 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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(c) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Additionally, it is noted that regular audits are essential to identify any discrepancies or errors in the accounting system. By conducting these audits frequently, potential issues can be resolved before they become significant problems.

The second section focuses on the role of technology in modern accounting. It highlights how software solutions have revolutionized the way financial data is processed and analyzed. These tools not only speed up calculations but also reduce the risk of human error.

However, it is also pointed out that while technology is a powerful asset, it must be used responsibly. Proper training and security measures are necessary to protect sensitive financial information from unauthorized access or data breaches.

In conclusion, the document stresses that a strong foundation in accounting principles is crucial for any business. By adhering to best practices and leveraging technology effectively, organizations can ensure their financial health and long-term success.

The final part of the document provides a summary of the key points discussed and offers some practical advice for implementing these concepts in a real-world setting. It encourages readers to stay informed about the latest trends and developments in the field of accounting.

The right side of the page contains a list of references and sources used in the document. These include various accounting textbooks, industry journals, and online resources. This section is intended to provide readers with further reading material to deepen their understanding of the topics discussed.

Below the references, there is a section for a glossary of key terms. This helps to clarify the meaning of specific accounting vocabulary that may be unfamiliar to some readers. The definitions are concise and easy to understand, providing a quick reference for important concepts.

The bottom right portion of the page features a contact information section. It provides details on how to reach the author or the organization responsible for the document. This includes an email address and a phone number, along with a brief description of the services offered.