DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30925

Registration District No. 230 Primary Registration District No. 4345 Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: Bluffton, Mo. Fourth Ward

(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: (If outside city or town limits, write "RURAL")

(d) Street No.: Rural (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

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

3. (b) If veteran, name war: XX

3. (c) Social Security No.: XX

4. Sex: O

5. Color or race: W

6. (a) Single, widowed, married, divorced: O

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

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

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

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: Virgil Zumsteg,

13. Birthplace: Bluffton, (City, town, or county) Mo. O (State or foreign country)

14. Maiden name: Merle Kallmeyer,

15. Birthplace: McKittrick, (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant: Virgil Zumsteg

(b) Address: Bluffton, Mo.

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

(c) Place: burial or cremation: Best Bottom,

18. (a) Signature of funeral director: Paul Porter

(b) Address: Americus, Mo.

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

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Time of Birth, 1942 to aug 3, 1942 that I last saw h alive on aug 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Mal-nutrition — Duration

Due to: Dont Know

Due to:

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

Major findings:
Of operations:
Of autopsy: No

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: O. R. Carmichelbard (M. D.)

Address: Rhineland Mo. Date signed: 8-4-42

1007 (Licensed Embalmer's Statement on Reverse Side)

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. This body was not embalmed.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
9-4 21-11
29288

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STANDARD CERTIFICATE OF DEATH

State File No. 38925

Registration District No. 230 Primary Registration District No. 43 45 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 years, months or days)

In this community

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 Zumstein

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 years

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

8. AGE: Years | Months | Days | If less than one day: hr. 45 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 3 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from to , 19 ; that I last 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? (Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY