

FILED FEB 13 1943

Registration District No. 223

Primary Registration District No. 6796

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Moniteau Co.

(b) City or town California, Mo. Pilot Grove  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
Life (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. California, MO R.F.D #3  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dora Ann Ziebold

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1943 hour 8/33 minute A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph A. Ziebold

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July 3 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4 to Jan 20, 1943, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>18</u>	<u>1</u> hr. _____ min.

Immediate cause of death Cerebral hemorrhage  
Generalized arteriosclerosis  
Due to Hypostatic bilateral lobal pneumonia in base of lungs.

Other conditions (Include pregnancy within 3 months of death) 108

Duration
<u>1 year</u>
<u>10 year</u>
<u>1 week</u>

9. Birthplace Moniteau Co (City, town, or county) (State or foreign country) 0

10. Usual occupation House Wife

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Nancy Suggs

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant B. E. Ryker

(b) Address California Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23.43 (Month) (Day) (Year)

(c) Place: burial or cremation Flag Spring Cemt

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? \_\_\_\_\_

18. (a) Signature of funeral director Bowlin Funeral Home  
California, Mo.

(b) Address \_\_\_\_\_

19. (a) 1-24-43 (Date received local registrar) (b) Mrs H.J. Sullins (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature Merion Latham (M. D. or other) \_\_\_\_\_

Address California, Mo Date signed 1-31-43

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**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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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, fact should be so stated above.**