

Registration District No. 323

Primary Registration District No. 4474-609A

Registrar's No. 90

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Sweet Springs - Rural
(c) Name of hospital or institution:
Liberty Township 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Sweet Springs 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rout 4 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME IDA ZUMBEHT
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan, day 27
year 1943 hour 7:0 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 14
1943 to Jan 27 1943
that I last saw her alive on Jan 27 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George J Zumbel 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October 15 1877
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis -
cerebral hemorrhage Duration 10 yrs.
Due to Arteriosclerosis 10 yrs.
Due to -

8. AGE: Years Months Days If less than one day
65 3 12 - hr. - min.

Other conditions (Include pregnancy within 3 months of death) 830
Major findings: Of operations none
Of autopsy none
PHYSICIAN -
Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace St Charles Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business at Home
12. Name Henry Von Senden
13. Birthplace St Charles Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Kuhlhoff
15. Birthplace St Charles Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Geo. J Zumbel
(b) Address Sweet Springs
17. (a) Burial (b) Date thereof 1-29-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Springs Mo
18. (a) Signature of funeral director Jesse Harvey
(b) Address Sweet Springs Mo
19. (a) Jan 29 1943 (b) Wm. D. Wolfman
(Date received local registrar) (Registrar's signature)

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 0
23. Signature A. H. Ringen (M. D. or other)
Address Demot Springs Mo Date signed 1-28-43

1218

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed

2-8-43

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

Jessett Harvey

Licensed Embalmer No. 2214

P. O. Address

Sweet Springs Md

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.