

OCT 19 1943 69

Registration District No.

Primary Registration District No. **5222**

Registrar's No. **9**

1. PLACE OF DEATH:
(a) County **Christian**
(b) City or town **Ru rural Polk Twsp.**
(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 **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Christian**
(c) City or town **Billings, Rural, 2**
(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 **Mary Jane Zoller**

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

4. Sex **Female** **5. Color** **White** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Edward L. Zoller** **6. (c) Age of husband or wife if alive** **54** years

7. Birth date of deceased **September 25, 1893**
(Month) (Day) (Year)

8. AGE: Years **49** Months **11** Days **21** If less than one day .hr. .min.

9. Birthplace **Christian Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Gotlieb Hutter**

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

14. Maiden name **Alpha Mount**

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

16. (a) Informant **Edward L. Zoller**

(b) Address **R. 2 Billings, Mo.**

17. (a) Burial **(b) Date thereof** **9-17-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Evan. Cem.**

18. (a) Signature of funeral director **J. B. Bradford**
(b) Address **Marionville, Mo.**

19. (a) Sept. 25, 1943 **Mary J. Spear**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **15** year **1943** hour **9:30** minute **0.** P. M.

21. I hereby certify that I attended the deceased from **1939** to **September 13, 1943** that I last saw her alive on **September 13, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Uterus** **1 1/2 yrs**

Due to **with general metastasis wt**

Due to **abdominal carcinoma**

Other conditions (Include pregnancy within 3 months of death) **48 hr**

Major findings: **Carcinoma of uterus found at autopsy**
Of operations **gynecology in January 1943**
Of autopsy **gynecology in January 1943**

Duration **1 1/2 yrs**

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?

While at work? (Specify type of place) Means of injury **Car**
23. Signature **A. P. Cuth** **M.D.** (M. D. or other)
Address **Crease, Mo.** **Date signed** **9-16-43**

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

MOTHER FATHER

1249

RECEIVED

District Health Officer No. 6;

District File Number 1043-1159

Date Filed OCT 13 1943

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 Herman M. Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora M

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.