

Registration District No. 44

Primary Registration District No. 4061

Registrar's No. 35

1. PLACE OF DEATH:
 (a) County Caldwell,
 (b) City or town Braymer,
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Milwaukee Ave.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community Past Forty Five Years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Caldwell, 013
 (c) City or town Braymer, Mo. 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Milwaukee Ave., 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME John Zumbrunnen,
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex Male, 0 5. Color or race White, 1 6. (a) ~~Single, widowed,~~ married, divorced Married
 6. (b) Name of husband or wife Mary Etta Zumbrunnen, 6. (c) Age of ~~husband or~~ wife if alive 72 years
 7. Birth date of deceased June, -14th, --1868,
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 23 ✓ hr. ✓ min.

9. Birthplace Switzerland, 5 Switzerland
 (City, town, or county) (State or foreign country)

10. Usual occupation Miller,

11. Industry or business Mill grinding-Feed sales

MOTHER FATHER { 12. Name Jacob Zumbrunnen,
 13. Birthplace Switzerland, 5 Switzerland
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Fluman,
 15. Birthplace Switzerland, 5 Switzerland
 (City, town, or county) (State or foreign country)

16. (a) Informant Ben Foley,
 (b) Address Braymer, Mo.,

17. (a) Burial, (b) Date thereof Nov. -13-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Evergreen Cemetery,

18. (a) Signature of funeral director B. P. Michael
 (b) Address Braymer, Mo.

19. (a) Nov 11, 1943 (b) E. A. Thompson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 7
 year 1943 hour 11 minute 300 M.
 21. I hereby certify that I attended the deceased from Nov 7 - 43
 _____, 1943 to Nov 7, 1943
 that I last saw him alive on Nov 7
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Duration _____
 Due to ✓
 Due to 93el
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: Henry H. Patterson
 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 11
 23. 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 Henry H. Patterson, M.D.
 Address Braymer, Mo. Date signed Nov, 10

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

3000

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, _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, 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.