

FILED AUG 8 1944

Registration District No. _____

Primary Registration District No. **5427**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Franklin**
 (b) City or town **Pacific, Mo. R. F. D.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Calvey 2 W**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **78 Years** (Specify whether)
 In this community **78 Years** (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Franklin 36**
 (c) City or town **Pacific, R. F. D.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Calvey St. 0** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Louise Snyder**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mr. Christ** 6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **October 26 1866**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	8	15	hr. _____ min. _____

9. Birthplace **Pacific, Mo. 0**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Anthony Zeiser 4**
 13. Birthplace **Germany 4** (City, town, or county) (State or foreign country)
 14. Maiden name **Magadlen Zeiser**
 15. Birthplace **Germany 4** (City, town, or county) (State or foreign country)

16. (a) Informant **Louise Snyder 1**
 (b) Address **Pacific, Mo. R. F. D. # 2**

17. (a) **Catawissa** (b) Date thereof **7-13-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. James Cemetery**

18. (a) Signature of funeral director **Ben J. Schure**

(b) Address **Catawissa Mo**

19. (a) **July 12/44** (b) **Claud C. Peltor**
 (Date received local certificate) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11**
 year **1944** hour **3** minute **40** M.

21. I hereby certify that I attended the deceased from **July 9th 1944** to **July 9th 1944**
 that I last saw him alive on **July 9th 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Paraschymata melleoidei 67 mo.**

Due to **arteriosclerosis several years.**

Due to **chronic myocarditis several years**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131 1/2**
 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) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (c) Means of injury _____

23. Signature **A. M. Merlay** (M. D. or other) _____
 Address **Pacific Mo** Date signed **7-11-44**

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

RECEIVED

District Health Officer No. 9,

District Office Number

Date Filed 8-5-44

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

Howard G. Rowland

Licensed Embalmer No

3114

P. O. Address

St. Louis 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.