

FILED OCT 19 1944

Registration District No. 323

Primary Registration District No. 4473

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Blackburn, Mo.
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Blackburn, (Rural) 6
(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 Anna Wilhelmina Zumbahl.

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ed. Zumbahl, 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 5 25 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>20</u>	hr. _____ min.

9. Birthplace St. Charles, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John D. Hollrah,

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

14. Maiden name Anna Bekebrede,

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

16. (a) Informant Ed. Zumbahl,

(b) Address Blackburn, Missouri.

17. (a) Burial (b) Date thereof 9/17/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn, Cemetery

18. (a) Signature of funeral director Alma H. Bremer.

(b) Address Alma, Missouri.

19. (a) 9/16/44 (b) Mrs. Vera Hoffmann
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15 year 1944 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Sept. 1 - 1944 to September 15, 1944

that I last saw her alive on September 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Myocarditis

Due to Renality - Arterio - Sclerosis

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

Major findings: Of operations _____

Of autopsy _____

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 L. S. James M. D. (M. D. or other)

Address Blackburn, Mo. Date signed 9-15-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17
0
0

1218

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

10-11-44

MAR 22 1945

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 Alfred H. Brewer.
Licensed Embalmer No. 2696.

P. O. Address Alma, Missouri.

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.