

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

28171

FILED SEP 13 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 274 Primary Registration District No. 3252 State File No. Registrar's No. 228

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town SEDALIA
(c) Name of hospital or institution:
521 E. 11TH ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 YEARS (Specify whether years, months or days)
In this community 3 YEARS

3. (a) PRINT FULL NAME

Henrietta ZUCHLKE

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 WIDOWED

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

alive years

7. Birth date of deceased 11 - 6 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 24 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name UNKNOWN

13. Birthplace UNKNOWN 01
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta SMITH

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

16. (a) Informant R. W. TOWNER

(b) Address SEDALIA, MO.

17. (a) REMOVAL (b) Date thereof 8-31-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NESS CITY, KANS.

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA, MO.

19. (a) 8/30/1945 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 521 E. 11TH ST. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1945 hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from March 1944 to Aug 30 1945
that I last saw him alive on Aug 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 5 or 6 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 932

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) Manner of injury

23. Signature A. L. W. Allen (M. D. or other) MO

Address Sedalia mo Date signed 8-31-45

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-12-45

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 _____

Licensed Embalmer No. 13867

P. O. Address Seaside, 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.