

FILED MAR 17 1946

Primary Registration District No. 4183

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific
(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
In this community Life
years, months or days

3. (a) PRINT FULL NAME Emma Barbara Hirth

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

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Joseph Hirth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 8 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 28
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business own home

12. Name George Zieger
13. Birthplace Germany
14. Maiden name Magdalene Marie Zieger
15. Birthplace Germany

16. (a) Informant Hy Hirth
(b) Address Pacific Mo

17. (a) Burial (b) Date thereof 2/9/46
(c) Place: burial or cremation Pacific Mo

18. (a) Signature of funeral director Geo L. Hirth
(b) Address Pacific Mo

19. (a) Feb 7th (b) Ward B. Gross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Pacific 21
(If outside city or town limits, write "RURAL")
(d) Street No. 0 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 26
1946 to Feb 6 1946
that I last saw h. e. alive on on 8th floor 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis
Cause undetermined
Duration

Due to
Due to

Other conditions Chronic elderly kidneys
(Include pregnancy within 5 months of death)

Major findings:
Of operations
Of autopsy 940
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?
(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
23. Signature Dr. Becker (M. D. or other)
Address Pacific Mo Date signed Feb 9/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-6-46

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 _____

Jno L. Thibier

Licensed Embalmer No. 3008

P. O. Address. Pacific, 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.