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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43480**
Registrar's No. **1-1**

Registration District No. **128** Primary Registration District No. **5456**

1. PLACE OF DEATH: **GREENE**
(a) County **GREENE**
(b) City or town **Rural Wilson Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R.F.D. # 8, Springfield**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **AUGUSTA AMELIA ZIEROTH**
3. (b) If veteran, name war **NOVA** 3. (c) Social Security No. **None**

4. Sex **FEMALE** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **William Zieroth**
6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **August 20, 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **6**
If less than one day hr. min.

9. Birthplace **Zippnow, Germany**
(City, town, or county) (State or foreign country)
10. Usual occupation **None**
11. Industry or business **None**

12. Name **Karl Barke**
13. Birthplace **no record Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Wilhelmina Wrasse**
15. Birthplace **no record Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **August Zieroth**
(b) Address **R.F.D. # 8, Springfield, MO.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 27, 1946**
(Month) (Day) (Year)
(c) Place: burial or cremation **Billings, MISSOURI**
18. (a) Signature of funeral director **Fred C. Thieme**
(b) Address **Springfield, Missouri**
19. (a) **12/27/46** (Date received local registrar) (b) **Florence Brittain** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield* Rural**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **R.F.D. # 8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **U**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **26th**
year **1946** hour **12:45 A.M.** minute **_____** M.
21. I hereby certify that I attended the deceased from **11-16**, 19**46**, to **12-26**, 19**46**;
that I last saw her alive on **12-17**, 19**46**;
and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral hemorrhage** Duration **2 days**

Due to **Essential hypertension** ?
Arteriosclerosis ?
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **432**
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 **U**
23. Signature **Bruce Lemmon** (M. D. or other) **12-26-46**
Address **600 Med. Arts, Springfield, Mo.** Date Signed _____

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

105

RECEIVED

Greene County Health Office,

County File Number _____

Date Filed _____

Date _____

RECEIVED

Greene County Health Office,

County File Number 47-1-6

Date Filed 1-15-47

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.