

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5707

FILED FEB 17 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1609 South Stewart
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME Catherine Zahringer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank Zahringer 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 17, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 11 12 hr. min.

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Joseph Spaedy
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. E. O'Donnell
(b) Address 512 E. 3rd, Sedalia, Mo.
17. (a) burial (b) Date thereof 1/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director James Ewing
(b) Address Sedalia, Missouri
19. (a) 1-31-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1609 South Stewart
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1947 hour 8 minute P M.
21. I hereby certify that I attended the deceased from over 5 years - 1942 to Jan 29 1947.
that I last saw h. ee alive on Jan 29 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Similarity
Chr my aenditis
Due to Chr nephritis

Other conditions (Include pregnancy within 3 months of death) none
Major findings: Of operations none
Of autopsy none
131B

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? none
(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
23. Signature Dr. B. Carline M.D. (M. D. or other)
Address Sedalia, Mo. Date signed 2-31-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-8-47

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 _____

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.