

FILED APR 28 1947

State File No.

Registration District No. 2

Primary Registration District No. 3048

Registrar's No. 78

1. PLACE OF DEATH:

(a) County RODANAY
(b) City or town MARYVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Frances Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12. Hours
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Emil Z Ahler

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Sept 10 - 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 3
If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name Jacob Zahler

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

14. Maiden name Susana Duby

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

16. (a) Informant Jacob Zahler

(b) Address R.F.D. 2 St. Joseph

17. (a) B. (b) Date thereof 4-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah mo

19. (a) 4/16/47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Andrew
(c) City or town Amazona
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-12-
1947, to 4-12- 1947

that I last saw him alive on 4-12- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days.

Due to Hypertension

Due to _____

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

Major findings: Of operations _____

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)
(e) Means of injury _____

23. Signature Gilbert B. Kelly (M.D. or other) _____

Address Savannah, Mo. Date signed 4-14-47

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address. *Savannah, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 78

1. PLACE OF DEATH:

(a) County nodaway
(b) City or town on spingville
(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. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Emil Zahler

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Sept 10 (Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Amazonia, Mo (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1943 year 1943 hour 10 minute 3 M.

21. I hereby certify that I attended the deceased from 1943 to 1943 that I last saw him alive on 1943 and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

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) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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