

FILED AUG 11 1947

Registration District No.

Primary Registration District No. 1000

Registrar's No. 912

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether)
In this community 36 years (years, months or days)

3. (a) PRINT FULL NAME Gertrude Zackert

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emil H. Zackert
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 18 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 12 hr. min.

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

10. Usual occupation At home

11. Industry or business England

12. Name Unknown
13. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Danielson
15. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Emil H. Zackert
(b) Address St. Joseph, Mo.

17. (a) Burial Burial (b) Date thereof 8/2/47
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 8-6-47 (b) La. G. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 913 So. 23rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1947 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 17 to July 30, 1947.
that I last saw her alive on July 30, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death: Adenocarcinoma, Metastatic
Secondary to
Breast Surgery
Due to (Broken by micro-section)

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

Major findings: Of operations

Of autopsy: DD

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? (Specify type of place)

23. Signature Wm B Root (M.D. or other) MD
Address 510 Carby Bldg Date signed Aug 4

St. Joseph, 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 Francis Wyland, Registered Apprentice No. 444 working under my personal supervision.

Signed.....

Eugene Wood
Licensed Embalmer No. 3804

P. O. Address 319 South St. Joseph, 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.