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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40579

FILED NOV 26 1947

Registration District No. 219

Primary Registration District No. 6077

Registrar's No. 63

1. PLACE OF DEATH:

(a) County. STE. GENEVIEVE
(b) City or town. RURAL BEAUVIERS T.S.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME PAUL ZAHNER

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

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. WIDOWED

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

7. Birth date of deceased. APRIL 20 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 25 hr. min.

9. Birthplace. SILVER LAKE MO
(City, town, or county) (State or foreign country)

10. Usual occupation. FARMER

11. Industry or business.....

12. Name. WILLIAM ZAHNER

13. Birthplace. PERRY CO MO
(City, town, or county) (State or foreign country)

14. Maiden name. MARY LUKEFAHR

15. Birthplace. PERRY CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant. Mr. Edmund Roth
(b) Address. St. Genevieve Mo

17. (a) BURIAL (b) Date thereof. 11-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CHURCH MO

18. (a) Signature of funeral director. Geo. C. Barber
(b) Address. St. Genevieve Mo

19. (a) 11-21-47 (b) Leresa M. Karl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 15 year 1947 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death. CRUSHED SKULL STRUCK BY TRUCK DRIVEN BY JOSEPH CAMILL ON HIGHWAY #25 1 MILE SOUTH OF

Due to ST. MARY'S MO. ACCIDENTAL DEATH
Due to VERDICT OF JURY

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) ACCIDENT
(b) Date of occurrence. NOV 15 1947

(c) Where did injury occur? STE. GENEVIEVE CO MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
STATE HIGHWAY #25
While at work? NO (Specify type of place) (e) Means of injury.....

23. Signature. Geo. C. Barber (Date or other) 3
Address. St. Genevieve Mo. Date signed 11/17/47

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

15
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REIVED

Health Officer No. 4
Lic. No. 1147-1483
Date Filed 11-25-47

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 W. W. Wilkinson
Licensed Embalmer No. 3575

P. O. Address.....

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.