

National Office of Vital Statistics

FILED APR 28 1948

Registration District No. *759*

Primary Registration District No. *4249*

Registrar's No. *W*

1. PLACE OF DEATH:

(a) County *Jefferson*  
(b) City or town *Hillsboro*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: *Care for nursing home #4*  
(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 *Hanna Eitzen (puff)*

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

4. Sex *Female* 5. Color or *white* 6. (a) Single, widowed, married, divorced, *divorced*  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased: *June 26 1877*  
(Month) (Day) (Year)

8. AGE: Years *70* Months *8* Days *21* If less than one day hr. min.

9. Birthplace: *Zestus Mo*  
(City, town, or county) (State or foreign country)

10. Usual occupation: *Housework*

11. Industry or business.....

12. Name: *Charles Eitzen*

13. Birthplace: *Germany*  
(City, town, or county) (State or foreign country)

14. Maiden name: *Agha Boyer*

15. Birthplace: *Missouri*  
(City, town, or county) (State or foreign country)

16. (a) Informant: *Mrs Josephine Thomas*

(b) Address: *Hillsboro Mo*

17. (a) *Burial* (b) Date thereof: *3-20-48*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Crystal City Mo*

18. (a) Signature of funeral director: *"Zestus"*

(b) Address: *Zestus Mo*

19. (a) *April 1-48* (b) *Josephine Thomas*  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Jefferson*  
(c) City or town *Rural*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *Zestus R.R.*  
(If rural, give location)  
(e) Citizen of foreign country? *no* (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *17th*  
year *1948* hour *9* minute *30 P.* M.

21. I hereby certify that I attended the deceased from *March 12, 1948* to *March 17, 1948*  
that I last saw him alive on *March 11, 1948* and that death occurred on the date and hour stated above.

Immediate cause of death: *Cardiovascular disease*

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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)  
While at work?..... (e) Means of injury.....

23. Signature: *[Signature]* (M. D. or other).....  
Address: *Zestus Mo* Date signed: *3/17/48*

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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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 \_\_\_\_\_

*Elean Province*

Licensed Embalmer No. \_\_\_\_\_

*3403*

P. O. Address \_\_\_\_\_

*Festus Mrs*

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.