

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 15 1948

Registration District No. 44

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4170

15869

State File No.

Registrar's No. 31

1. PLACE OF DEATH

(a) County De Kalb.
(b) City or town Union Star.
(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.
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Gertude Viola Zug.
(b) If veteran, name war. (c) Social Security No.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced. 6. (b) Name of husband or wife John Zug. 6. (c) Age of husband or wife if alive 81 years. 7. Birth date of deceased September 26 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Wright
13. Birthplace Clay County Mo. (State or foreign country)
14. Maiden name Fida Simpson
15. Birthplace Clay County Mo. (State or foreign country)

16. (a) Informant John Zug (b) Address Union Star Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director (b) Address 1802 Union St. Union Star Mo.

19. (a) 6-5-48 (Data received local registrar) (b) R. D. Hurdman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb. 32
(c) City or town Union Star (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1948 hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from May 10 1948 to June 1 1948
that I last saw her alive on May 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Apoplexy
Cerebral Hemorrhage

Due to

Other conditions Diabetes (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 Dr. Jack H. Davis (M. D. or other) Address Springfield, Mo. Date signed June 2 1948

DISTRICT HEALTH OFFICE
CINCINNATI, OH

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

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

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.