

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 21 1948

MISSOURI JOURNAL OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32513**
Registrar's No. **128**

Registration District No. **116**

Primary Registration District No. **3020**

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

1. PLACE OF DEATH:
 (a) County **Franklin.**
 (b) City or town **Washington.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **11 weeks.**
(Specify whether
 In this community **2 years.**
years, months or days)

3. (a) PRINT FULL NAME **Rose Ann Unnerstall.**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Female** / **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband **Adolph J. Unnerstall.** **6. (c) Age of husband** **82** years if alive
7. Birth date of deceased **October 10th, 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **28**
If less than one day
 hr. _____ min. _____

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

10. Usual occupation **Housework.**

11. Industry or business

12. Name **Jacob Zweifel.**
13. Birthplace **Unknown, Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Bertha Diamond,**
15. Birthplace **Cape Girardeau, Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Adolph J. Unnerstall**

(b) Address **7th & Lewis St., Washington, Mo.**

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** **Oct. 12, 1948.**
(Month) (Day) (Year)

(c) Place: burial or cremation **Moselle, Mo.**

18. (a) Signature of funeral director **Rieburg & Vitt, Inc.**

(b) Address **Washington, Mo.**

19. (a) Oct. 11, 1948 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Franklin**
 (c) City or town **Washington**
(If outside city or town limits, write "RURAL")
 (d) Street No. **7th & Lewis St.**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **8th,**
 year **1948** hour **5:00** minute **1** **A. M.**

21. I hereby certify that I attended the deceased from **1948** to **1948**
that I last saw him alive on **Oct 5,** and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerosis**
Duration _____

Due to **Arteriosclerosis**

Due to **arteriosclerosis**

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

Major findings: **929**
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)
(c) Means of injury _____

23. Signature **[Signature]** (M. D. or other)
Address **Washington, Mo.** **Date signed** **10-9-48**

OCT 20 1948

9. No. 9

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

Jerome F. Sivoboda

Licensed Embalmer No. *4507*

P. O. Address *Washington*

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.