S. No. 2
M—1/42
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 183

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4300

State File No. 33473

Registrar's No. 24

58

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Laclede
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Field Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 mos. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn 58
(c) City or town: Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Ziehr

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Emma Hahn

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: December 28, 1860 (Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 27 If less than one day hr. min.

9. Birthplace: Galesburg, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Coal and ice dealer

11. Industry or business: (retired)

FATHER
12. Name: George Ziehr 1
13. Birthplace: Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Gertrude Schaler 1
15. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emma Ziehr
(b) Address: Laclede, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill Cemetery

18. (a) Signature of funeral director: Harold B. Wright
(b) Address: Brookfield, Mo.

19. (a) 10-27-1948 (Date received local registrar) (b) Chas. A. Masteson (Registrar's signature) 16.9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1948 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 23 1948, to Oct 23 1948; that I last saw him alive on Oct 23 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to: Chronic Interstitial Nephritis

Due to:

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

Major findings: Of operations: 1 51

Of autopsy:

Duration: 10 yr

PHYSICIAN: Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury:

23. Signature: R. M. Rifle (M. D. or other) MD
Address: Brookfield, Mo. Date signed Oct 23 1948

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

0

DISTRICT HEALTH OFFICE
Cameron, 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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.