

FILED MAR 1 1948

Registration District No. **221**

Primary Registration District No. **5793**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **MONITEAU Rural**

(b) City or town **LINN Twp. Rural**
(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 _____ (Specify whether _____)

In this community **72 yrs.**
years, months or days

3. (a) PRINT FULL NAME **CHRISTINA ZEY**

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 **WIDOWED**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased **6 - 6 - 1875**
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **18** If less than one day _____ hr. _____ min.

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

10. Usual occupation **HOUSEKEEPER**

11. Industry or business _____

MOTHER FATHER {

12. Name **PETEY FELDER** **4**

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

14. Maiden name **KATHERINE MUEGGER** **4**

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

16. (a) Informant **Mary Agnes Zey**

(b) Address **California Mo**

17. (a) **BURIAL** (b) Date thereof **2-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GEDYON C.E.M.**

18. (a) Signature of funeral director **CALBERT HORNBECK**

(b) Address **PAITIE HOME MO**

19. (a) **Feb 28 - 1948** (b) **Gade in Swear**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONITEAU** **68**

(c) City or town **RURAL LINN** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **24**
year **1948** hour **10** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Feb 16**
19**48**, to **Feb 24** 19**48**,
that I last saw her alive on **Feb 22** 19**48**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** **1 year**
Duration

Due to **Generalized arteriosclerosis** **10 years**

Due to _____

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

Major findings: **93P**

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 **C**

23. Signature **Kenyon Latham** (M. D. or other) **MD**

Address **California, Mo** Date signed **2-27-48**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/19/48

REWRITE ABOVE

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 to *Albert Hornbeek*
.....
Licensed Embalmer No. *2714*
.....
P. O. Address *Harrie Home 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.