

Registration District No. 297Primary Registration District No. 3016Registrar's No. 26

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Washington - Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community 200. 40 years - (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rudolph Oswald Zeller3. (b) If veteran, name war no 3. (c) Social Security No. 429-18-2282

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Clara Jughans 6. (c) Age of husband or wife if alive dead years
 7. Birth date of deceased Nov 14 1899
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 11 6 hr. min.9. Birthplace Washington Mo
(City, town, or county) (State or foreign country)10. Usual occupation Bricklayer11. Industry or business Bricklaying12. Name John Henry Zeller13. Birthplace Washington Mo
(City, town, or county) (State or foreign country)14. Maiden name Angela Hermann15. Birthplace Washington Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edmund J Zeller(b) Address Washington Mo17. (a) Washington (b) Date thereof 2-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Mo18. (a) Signature of funeral director Zieburgh & Vitt, Inc(b) Address Washington - Mo. by A.C. Niebuhr19. (a) Feb. 21-1940 (b) H.A. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Washington Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. None
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 40 11 = 6 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1940 hour 3 minute A M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental
fracture of skull
 Due to fall in
Distillery Brain Room
Washington, Mo.
 Due to fracture skull
falling in sleep
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
 Of operations fracture skull
 Of autopsy no

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) accident
 (b) Date of occurrence Feb 18 1940
 (c) Where did injury occur? In Distillery Brain Room
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Plant
 While at work no (Specify type of place) (e) Means of injury accident
 23. Signature Phos. J. Shaffer (M.D. or other)
 Address SULLIVAN, Mo Date signed 2/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.Rev. 5-17-30
1 X1951

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed G. F. Gibeaux
Licensed Embalmer No. 2387
P. O. Address Washington, 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, above space should be left blank.