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1941  
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FEB 25 1941  
Registration District No. 16

Primary Registration District No. 5020

State File No. \_\_\_\_\_  
Registrar's No. 1

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

1. PLACE OF DEATH:  
(a) County ANDREW ROCHESTER  
(b) City or town SAVANNAH TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ANDREW COUNTY FARM  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community NINE MONTHS  
years, months or days)

3. (a) PRINT FULL NAME JOHN ZAHND  
(b) If veteran, name war 705  
(c) Social Security No. 70

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEB (Month) 18 (Day) 76 (Year)

8. AGE: Years 64 Months 11 Days \_\_\_\_\_  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace THUN SWITZERLAND  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name JOHN ZAHND  
13. Birthplace unknown SWITZERLAND  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH BACHMAN  
15. Birthplace unknown SWITZERLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant ERNEST ZAHND  
(b) Address Savannah Mo

17. (a) AMAZONIA (b) Date thereof 1-8-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation German Reform Cem. Amazonia

18. (a) Signature of funeral director J. Fred Verhulst  
(b) Address Savannah, Mo

19. (a) Jan 7-41 (b) Mrs. Vernice A. Fite  
(Date received focal registrar) (Registrar's signature)

12. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Andrew  
(c) City or town Andrew Co. Farm  
(If outside city or town limits, write "RURAL")  
(d) Street No. Five miles East of Savannah, Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 58 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1941 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 3rd, 1941, to Jan 5, 1941, that I last saw him alive on Jan 3rd, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral coma

Due to Intestinal suppurative 3 mo

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 1218

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 3 days  
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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. D. O'Neil (M. D. or other) M.D.  
Address Savannah Mo Date signed 1-6-41

**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. 1279  
working under my personal supervision.

Signed

*Irud Tikhuna*

Licensed Embalmer No. 1279

P. O. Address

Savannah

**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.**