

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4476  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Saline Registration District No. 7951  
 (b) Township Grand Pass Primary Registration District No. 6938  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christine Zahn Rohn  
 (a) Residence, No. Saline County St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
92 0 18

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

FATHER  
 13. NAME Fredrick Zahn  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME no history  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no history

17. INFORMANT Wess Rohn  
 (ADDRESS) Malta Bend, Mo., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Malta Bend DATE Jan 27 1941

19. FUNERAL DIRECTOR (ADDRESS) Don Short  
Malta Bend, Mo.

20. FILED 2-7 1941 Raymond Spencer  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1941 to Jan. 25, 1941  
 I last saw her alive on Jan. 25, 1941. Death is said to have occurred on the date stated above, at 3:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

pneumonia, bronchial Date of onset 1/20/41  
influenza 1/12/41

Other contributory causes of importance:  
no operation Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
none What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) Geo. A. Keeling, M.D.  
 (Address) Waverly, Missouri

WRITE PLAINLY, WITH UNFADING INK...THIS IS 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.

I X12004

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-13-41

STATEMENT BY LICENSED EMBALMER

....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Dean Owens*

..... L. E. ....

No..... or by....., Registered Apprentice No. *283*  
working under my personal supervision.

Signed *Donald W. Short*  
Licensed Embalmer No. *3757*

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.)