

Registration District No. **881**

Primary Registration District No. **6171**

Registrar's No. **20**

1. PLACE OF DEATH

(a) County **Warren**
(b) City or town **Rural - Elkborn Twp**
(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 **15 months** years, months or days)

3. (a) PRINT FULL NAME **William E. Zillgitt.**

8. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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 **December 26, 1878** (Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Warrenton Oregon** **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Albert Zillgitt**

18. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Amelia Oberlay**

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

16. (a) Informant **ANNA JOWELL**
(b) Address **Pendleton Missouri**

17. (a) **Burial** (b) Date thereof **June 3, 1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Martha's v. Ples, Missouri**

18. (a) Signature of funeral director **Ernest M. Hester**

(b) Address **Martha's v. Ples, Missouri**

19. (a) **June 1, 1941** (b) **[Signature]** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren**

(c) City or town **Rural** (If outside city or town limit, write "RURAL")

(d) Street No. **6 miles west of Warrenton, Mo.** (If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1** year **1941** hour **1:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Aug. 15, 1939** to **June 1, 1941**, that I last saw him alive on **May 20, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Myocarditis**
Ch. Cardiac Vasculature

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

Major findings: Of operations _____
Of autopsy _____

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? **Yes**

While at work _____ (Specify type of place)
(By Means of injury) _____

23. Signature **[Signature]** (M. D. or other) _____
Address **Warrenton, Mo.** Date signed **6.1.41**

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

0906

JUL 18 1941

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

Fred W. Lichtenberg

Licensed Embalmer No.

1327

P. O. Address

Northsville, N.Y.

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.