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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31959

FILLED OCT 16 1941

Registration District No. 1164941

Primary Registration District No. 5698

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural, Pineville, Tp
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60
(c) City or town Rural, Pineville Tp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1941 hour _____ minute 12.30 P.
21. I hereby certify that I attended the deceased from Saw her
once 19. _____ to _____ 19. _____
that I last saw her alive on Sept. 13/1941 19. _____
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Anna Furst

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced M. /
6. (b) Name of husband or wife Joe Furst 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased. April 6 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 7 hr. min.

9. Birthplace Trenton (City, town, or county) Ill (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN ZAHNE
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary ANN
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Joe Furst
(b) Address Anderson MO R 3

17. (a) Burial (b) Date thereof Sept 15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tracy Cemetery

18. (a) Signature of funeral director R.E. Chastain
(b) Address Anderson, Mo.

19. (a) _____ (b) Lee A. Carnes
(Date received local registrar) (Registrar's signature)

Immediate cause of death Dementia Precox. Duration 30 Yrs.

Due to _____

Due to _____

Other conditions SAR
(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 _____

Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?

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

Signature S. B. Buck (M. D. or other) M. D.
Address Anderson, Mo. Date signed 9/18/41

RECEIVED

District Health Officer No. 6;

District File Number 1041-1618

Date Filed OCT 14 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 me

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

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, N.C.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31959

Registration District No. 1149

Primary Registration District No. 5698

Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural Pineville
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Turst

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Apr 6 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days _____
(If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-6-41 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 13
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him/her alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: _____
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) (z) Means of injury

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

1941

S-31959