

FILED 22 1942

Registration District No. 107

Primary Registration District No. 3008

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 1 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 3 mos 17 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME RACHEL - ZUMSTEG.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. DK.

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>widow</u>
-----------------	---------------------------	--

6. (b) Name of husband or wife. Herman Zumsteg 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Jan 26 1878  
(Month) (Day) (Year)

8. AGE: Years <u>64</u>	Months <u>2</u>	Days <u>0</u>	If less than one day hr. _____ min. _____
-------------------------	-----------------	---------------	--

9. Birthplace Callaway County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

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

MOTHER FATHER { 12. Name Clay Sheets

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

14. Maiden name Sarah Harden

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

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 3 28 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director J. B. Robert

(b) Address Columbia Mo

19. (a) 3-28-42 (b) Josie Morawetzoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 014

(c) City or town Millersburg Mo. 2  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26<sup>th</sup>  
year 1942 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 22, 1942, to March 26, 1942  
that I last saw her alive on March 26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary thrombosis

Due to coronary sclerosis 3 yrs

Due to generalized arteriosclerosis 3 yrs

Other conditions mental deficiency  
(Include pregnancy within 3 months of death)

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

94A

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) (e) Means of injury \_\_\_\_\_

23. Signature Josie Imperatrice (M. D. or M.D.)  
Address Fulton Mo Date signed 3/26/42

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

014  
2

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**