

S. No. 2  
-4-13-40  
7-5-17-39

28268

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 218-128

Primary Registration District No. 5465

Registrar's No. 648

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **SPRINGFIELD Campbell Sup**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**GREENE Co. ALMS HOUSE**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **39**

(a) State **MO.** (b) County **GREENE 0**

(c) City or town **SPRINGFIELD Rural, N. Campbell Sup.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R. F. D. # 4**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **ZULA Z. MARSCH**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **10th**  
year **1943** hour **3:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **November** 19**42** to **Aug 10**, 19**43**  
that I last saw her alive on **Aug 10**, 19**43**  
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **Unk.** 6. (c) Age of husband or wife if alive **Unk.** years

7. Birth date of deceased **Unk. Unk. Unk.**  
(Month) (Day) (Year)

Immediate cause of death **Pneumonia** ? **12 hrs.**  
**fracture**

8. AGE: Years Months Days If less than one day

**60 + Unk. Unk.** hr. min.

Due to **107**

9. Birthplace **Unk. MD. 0**  
(City, town, or county) (State or foreign country)

Other conditions **Mentally unbalanced**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Retired**

Major findings: **Blind** - **PHYSICIAN**  
Of operations \_\_\_\_\_

11. Industry or business **House wife**

Of autopsy \_\_\_\_\_

12. Name **J.H. De more**

13. Birthplace **Unk. Penn 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Lane**

15. Birthplace **Unk. Penn 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Hayden**

(b) Address **SPRINGFIELD MO.**

17. (a) **Burial** (b) Date thereof **Aug 12 - 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ash Grove Mo. Cem**

18. (a) Signature of funeral director **J. Whittinger Co.**

(b) Address **SPRINGFIELD MO.**

19. (a) **8-11-43** (b) **J. W. H. Hurdley**  
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury \_\_\_\_\_

23. Signature **James R. Thomas** (M. D. or other) \_\_\_\_\_

Address **Springfield, Mo.** Date signed **8-11-43**

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

900

MOTHER FATHER

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**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.....

*J. Klingner*

Licensed Embalmer No.....

*3358*

P. O. Address.....

*Springfield, Mo.*

**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.

*X*