

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35417

X32873
FILE

NOV 12 1943
Registration District No. 26-1

Primary Registration District No. 3048

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mos. 10 days
In this community 38 yrs. 1 mo. 23 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 074
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 614 East First
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sr. Mary Anna Zielinski

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

4. Sex Female 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 May 10 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace UNKNOWN 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business

MOTHER FATHER { 12. Name John J. Zielinski
13. Birthplace UNKNOWN 0 Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Carolina Anna Bauer
15. Birthplace UNKNOWN 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. M. Anthony, R.P.L.
(b) Address Maryville, Mo. St. Francis Hospital
17. (a) Burial (b) Date thereof 10-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 957 South Main Maryville Mo
19. (a) 10-23-43 (b) Arny Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
year 1943 hour 8:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from 10-28-42
_____ 19 _____ to 10-8-43 19 _____;
that I last saw her alive on Oct 9 - 1943 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of a branch of left coronary artery causing Hemiplegia
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Chas. Bell (M. D. or other) _____
Address Maryville, Mo. Date signed 10/11/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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1
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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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Manville 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.