

FILED APR 12 1946

Registration District No. **1228**

Primary Registration District No. **5465**

Registrar's No. **260**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Rural Campbell Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Greene County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 years**
In this community **35 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Sp. Rural, N. Campbell Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. # 4, Springfield**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GERTRUDE ZENER**

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

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **none**
6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **December 15, 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **2**
If less than one day _____ hr. _____ min.

9. Birthplace **Evansville, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

12. Name **Mathias Zener**
13. Birthplace **Paris, Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Frances Cutter**
15. Birthplace **Hattfield, Massachusetts**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Floyd T. Blaine**
(b) Address **529 E. Locust, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **March 18, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Appleton City, Missouri**

18. (a) Signature of funeral director **Fred U. Thieme**
(b) Address **Springfield, Missouri**

19. (a) **3-18-46** (b) **Dr. W. S. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17th**
year **1946** hour **7:40 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 25** 19**46** to **March 17** 19**46**
that I last saw her alive on **Mar 16** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral effects of gastro-intestinal tract specific toxin. Organ undetermined.**
Duration **unk.**

Due to _____

Other conditions **Dermatitis, not severe, type undetermined. Psychosis, mild, type undetermined.**
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____

Of autopsy **46 mm**
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) (c) Means of injury _____
23. Signature **James A. Amos** (M. D. or other) **MD.**
Address **Springfield, Mo.** Date signed **3-17-46**

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

5-2-49

8077

✓

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..... *Ralph H. Thieme*

Licensed Embalmer No..... 3681

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