

Registration District No. **2**

Primary Registration District No. **5015**

Registrar's No. **131**

1. PLACE OF DEATH:

(a) County **Andrew**
(b) City or town **near Amazonia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lincoln Hosp 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **68 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Albert Zahnd**

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

4. Sex **male** 5. Color or race **white** 6. (g) Single, widowed, married, divorced **S**

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

7. Birth date of deceased **Jan 3 1871**
(Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **Therw Switzerland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Zahnd**

13. Birthplace **No Record Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Bachman**

15. Birthplace **No Record Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Otto Zahnd**

(b) Address **Sawannah mo**

17. (a) _____ (b) Date thereof **1-29-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Amazonia mo**

18. (a) Signature of funeral director **E. C. Breit**

(b) Address **Sawannah mo**

19. (a) **1-29-47** (b) **William Spurr**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **27**
year **1947** hour **12** minute **15 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **automobile accident**
on Highway S. K. 1 mi north
amazonia chest crushed
Due to **fractured ribs**

Due to _____
Other conditions _____
(include pregnancy within 3 months of death)

Major findings: Of operations **NO**
Of autopsy **NO**

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) **accident**
(b) Date of occurrence **1-27-1947**

(c) Where did injury occur? **near Amazonia mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on S. K. Highway

(Specify type of place)
(e) Means of injury **automobile accident**

23. Signature **W. P. Kelley** (M. D. or other)

Address **Sawannah mo** Date signed _____

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

MOTHER FATHER

131

Mon collection 1-28-47

APR 15 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *E. C. Breit*

Licensed Embalmer No. *2630*

P. O. Address. *Savannah 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.