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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1948

Registration District No. 369

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44767

Primary Registration District No. 4638

Registrar's No. 2

1. PLACE OF DEATH:

(a) County: WAYNE

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

(c) Name of hospital or institution: NONE
(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): 1

In this community: 53 YR.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: WAYNE 111

(c) City or town: PIEDMONT 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location):

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country: SWITZERLAND

3. (a) PRINT FULL NAME: JOHN ZINGRICH

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: LUCINDA ZINGRICH

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: OCT (Month) 11 (Day) 1868 (Year)

8. AGE: Years 79 Months 3 Days 3 If less than one day: — hr. — min.

9. Birthplace: SWITZERLAND 5
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: FARM

FATHER
12. Name: GOTTLIEB ZINGRICH 5
13. Birthplace: SWITZERLAND
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: SUSAN AMACHER 1
15. Birthplace: SWITZERLAND
(City, town, or county) (State or foreign country)

16. (a) Informant: JOHN ZINGRICH JR.

(b) Address: PIEDMONT, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC. 16 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: NEAR PIEDMONT

18. (a) Signature of funeral director: Norman Y. Pick

(b) Address: Piedmont, Mo.

19. (a) Mar 12 1948 (Date received local registrar) (b) Susie O. Piles (Registrar's signature) 2117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 14 year 1947 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1946, 19..., to 1947, 19...; that I last saw him alive on Dec 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy — Duration

Due to: arteriosclerosis

Due to: hypertension

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 0
Of autopsy: 0

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: J. H. Clines M.D. (or other)

Address: Date signed 1/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 448-453

Date Filed 4-8-48

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 me, Registered Apprentice No. working under my personal supervision.

Signed Marvin E Bowle

Licensed Embalmer No. 4426

P. O. Address Piedmont, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.