

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17448
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township Law Primary Registration District No. 1002 Registered No. 1880
 (c) City Jackson City (d) Street No. 2104 East 36th St St.
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Ms. Ella Ewing Zook
 (a) Residence, No. 2104 East 36th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J. Zook
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1866
 7. AGE YEARS 72 MONTHS 9mo DAYS 9 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as law mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 FATHER 13. NAME Unknown Ewing
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 MOTHER 15. MAIDEN NAME Eliza Boyd
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Mrs. Ella E. Zook
2104 E 36th
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 3 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer's Son
Brushcreek + Pines
 20. FILED May 2 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1939
 22. I HEREBY CERTIFY, That I attended deceased from 4-15 1939 to May 1 1939
 I last saw h. or alive on April 30 1939 Death is said to have occurred on the date stated above, at 8:58 A. m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Infarction Date of onset 10-7-38
Coronary Artery Sclerosis
 50
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? None Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify None
 (Signed) Corea J. Johnson M. D.
 (Address) 507 Olive St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4-1-4
01-9171
D

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address Kansas City, 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, above space should be left blank.