

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 515

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
912 W. Valley St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years
years, months or days)

8. (a) PRINT FULL NAME George W. Zook 201

8. (b) If veteran,
name war _____

3. (c) Social Security
No. none

4. Sex Male

5. Color or
race White

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife Susie Zook

6. (c) Age of husband or wife if
alive 69 years

7. Birth date of deceased July 8, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 27 hr. min.

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

10. Usual occupation Retired

11. Industry or business Maintenance man, Railroad

12. Name George Zook

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susie Zook

(b) Address 912 W. Valley St.

17. (a) Burial (b) Date thereof May 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.
Clark Mortuary

18. (a) Signature of funeral director
(b) Address 5025 King Hill Ave.

19. (a) May 6, 1940 (b) H. H. Huthhush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 912 W. Valley St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1940 hour 10 minute 45 p. M.

21. I hereby certify that I attended the deceased from April 18, 1940, to May 5, 1940
that I last saw him alive on May 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive arteriosclerotic
cardio-vascular-renal disease.

Due to Arteriosclerosis - marked

Due to Decompensated Heart

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 H. H. Huthhush (M.D. or other) _____

Address St. Joseph, Mo. Date signed 5/6/40

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, ~~xxx~~ May 5, 194

....., Registered Apprentice No.

working under my personal supervision.

Signed

Emile R. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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.