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

FILED JUN 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20887

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2504

1. PLACE OF DEATH:

(a) County Jackson, /

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

(c) Name of hospital or institution: Menorah Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Few hours. (Specify whether years, months or days)

In this community Non-Resident

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Cass Co,

(c) City or town East Lynn, Missouri, (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME ETHEL MARIE ZOOK

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Fem

5. Color or race White

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

6. (b) Name of husband or wife IRA THOMAS ZOOK

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased MARCH (Month) 22 (Day) 1911 (Year)

8. AGE: Years 29 Months 2 Days 25 If less than one day hr. min.

9. Birthplace FAIRVIEW, MICH. (City, town, or county) / (State or foreign country)

10. Usual occupation HOUSEWIFE /

11. Industry or business /

FATHER
12. Name MENNO DETWILER
13. Birthplace Ohio, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SADIE SHARP
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Ira Thomas Zook,

(b) Address East Lynn, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 6-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation East Lynn, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) June 18, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17. year 1940. hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 6/17, 1940 to 6/17, 1940 that I last saw her alive on 6/17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Eclampsia Intraparticles 2da

Due to Pregnancy 1/4b

Due to

Other conditions Baby Delivered 4/17/40 8 5 x/a (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Hemorrhagic Hepatitis

Duration

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 /

23. Signature M A Hanna (M. D. or other)

Address 1103 Grand Date signed 6/17/40

(Licensed Embalmer's Statement on Reverse Side)

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 Dewey Towner, Registered Apprentice No. 222, working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address

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.