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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31128

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3691

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: Eva Prout Convalescent Home #401 E 36 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days) 3

In this community Non Resident

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town 801 Reynolds (If outside city or town limits, write "RURAL")

(d) Street No. Kansas City Kansas (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME John G Zeh

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Marie

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

7. Birth date of deceased Jan (Month) 28 (Day) 1862 (Year)

8. AGE: Years 78 Months 7 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace Unk (City, town, or county) Germany (State or foreign country)

10. Usual occupation Tinner 6

11. Industry or business Biscuit Co. 6

FATHER
12. Name Christian Zeh 6
13. Birthplace Unk (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Gluck
15. Birthplace Unk (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Louis Zeh

(b) Address 240 So Fivree Kcks

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial pk Kcks

18. (a) Signature of funeral director RAFULTON

(b) Address Kc Kansas

19. (a) 9-21-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1940 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from 8-6-40, 1940, to 9-20, 1940; that I last saw him alive on 9-19, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	10 days
Due to Arteriosclerosis	8 ms.
Due to Senility	8 ms.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None.

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 John H. Rubse (M. D. or other)

Address ~~309 Hw~~ 1607 Minn Date signed 9-20-40

(Licensed Embalmer's Statement on Reverse Side) Ave. K.C.B.

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 P. A. Hilton

Licensed Embalmer No. 3503

P. O. Address K. C. Kansas

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

If this body is not embalmed, above space should be left blank.