

No. 2
-11-10-39
5-17-39
P1 X214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41302**
4095
Registrar's No.

FILED JAN 8 1941 399
Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Sept. 26
In this community 22 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Carl H. Zilley
(b) If veteran, name war None
(c) Social Security No. 499-14-2135

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate Zilley
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec. 24, 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 13
If less than one day hr. min.

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

10. Usual occupation Masseur

11. Industry or business Fox Midwest Theater

MOTHER FATHER { 12. Name Bernie Zilley
13. Birthplace Dont know
14. Maiden name Dont know
15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Zilley
(b) Address 3842 Monroe

17. (a) burial (b) Date thereof 12/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3911 Broadway

19. (a) 12-9-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3842 Monroe
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 7th
year 1940 hour 4 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept 26
1940 to Dec 7 1940
that I last saw him alive on Dec 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Esophageal
Neurosis & Perforation
& hemorrhage Duration 2 1/2 hrs

Due to Cerebral Linn
& Portal thrombosis
Due to 12/7/40

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

Major findings:
Of operations Same as above
Of autopsy Same as above
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)
(e) Means of injury

23. Signature Belmont B. ... (M. D. or other)
Address 820 Professional Bldg Date signed 12/9/40

Dr. R. C. McSpadden
number 1 P.M. Today
Preparation
ready

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 _____

Licensed Embalmer No. 13738

P. O. Address PO Box

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.