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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1070

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 20

1. PLACE OF DEATH: Jackson
 (a) County. Kansas City
 (b) City or town. (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1420 Hardesty
 (If not in hospital or institution, write street number or location) /
 (d) Length of stay: In hospital or institution 62 years (Specify whether years, months or days)
 In this community 62 years

3. (a) PRINT FULL NAME Mrs. Eva Zuber

3. (b) If veteran, name war. XX 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife George Zuber 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased. Sept. 13 1857 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	3	20	hr. min.

9. Birthplace Germany 4 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name George Schackart

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant George A. Zuber

(b) Address 1420 Hardesty

17. (a) Burial (b) Date thereof 1-6-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director M. Wagner (b) Address Kansas City, Mo.

19. (a) 1-3-41 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 49
 (c) City or town Kansas City 3 (If outside city or town limits, write "RURAL") 8
 (d) Street No. 1420 Hardesty (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. 62 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1941 hour 3 minute 0 of M.

21. I hereby certify that I attended the deceased from June 1941, to June 2, 1941, that I last saw her alive on June 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 1 week

Due to La Grippe 12/0

Due to

Other conditions Gallstones (Incidental factor)

Major findings: Of operations

Of autopsy

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 0

23. Signature M. Wagner (M. D. or other) Address 314 Chestnut Way Date signed June 3, 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

A. R. Haenschel

Licensed Embalmer No.

4159

P. O. Address

K. C. 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, fact should be so stated above.