

Registration District No. **398** Primary Registration District No. **5554**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Independence**
(c) Name of hospital or institution **2014 Hawthorne**
(d) Length of stay: In hospital or institution **3 years**
In this community **3 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Independence**
(d) Street No. **2014 Hawthorne**
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Joseph I. Zweimuller**
(b) If veteran, name war **none** (c) Social Security No. **none**

20. DATE OF DEATH: Month **Aug** day **3** year **1941** hour **10:50** minute **10** M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ethel Zweimuller** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **Jan 29 1888**

21. I hereby certify that I attended the deceased from **Apr 12-41** to **May 16-41**
that I last saw him alive on **May 16-41** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis acute, chr.**

8. AGE: Years **53** Months **6** Days **4** hr. min.

Due to **Ch. Myocarditis**

9. Birthplace **Austria Hungary**
10. Usual occupation **N. P. A.**

Due to **Ch. Bronchectasis**
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name **no record**
13. Birthplace **no record**
14. Maiden name **no record**
15. Birthplace **no record**

Major findings: Of operations **938**
Of autopsy

16. (a) Informant **Mrs. Ethel Zweimuller**
(b) Address **2014 Hawthorne**
17. (a) **Burial** (b) Date thereof **8/6/41**
(c) Place: burial or cremation **Woodlawn Cem.**
18. (a) Signature of funeral director **George C. Larson**
(b) Address **Independence, Mo.**
19. (a) **Aug 6-41** (b) **F. L. Cook M.D.**

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?
(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 **MI**
23. Signature **Zweimuller** (M. D. or other) **MD**
Address **10302 Maple Ave** Date signed

*get Embalmer
in Independence*

MAR 29 1957

FEB 18 1957

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.....

Frank A. Hib

Licensed Embalmer No. *2467*

P. O. Address *Independence, 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.