

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17074

State File No.

X29484

FILED JUN 11 1942
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2149

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
 In this community 25 years

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. 701 Woodland
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME Zola Manzella
 (b) If veteran, name war ---
 (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 (b) Name of husband or wife unk (c) Age of husband or wife if alive --- years
 7. Birth date of deceased January 7th 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>4</u>	<u>24</u>	hr. min.

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

10. Usual occupation None

11. Industry or business ---

12. Name Sim Tanney
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Fannie Thoms
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address K.C. General Hospital K.C.M.

17. (a) Burial (b) Date thereof 6/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eggleston Springs

18. (a) Signature of funeral director Herbert Jones

(b) Address Eggleston Springs

19. (a) 6-1-42 (b) M. J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
 year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-25-42 19 to 5-31-42 19
 that I last saw her alive on 5-31-42 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Ascites
 Due to Cirrhosis of Liver
 Due to 124 B'

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

Major findings:
 Of operations ---
 Of autopsy None

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) (g) Means of injury ---
 23. Signature William R. Thom (M. D. or other)
 Address Med. Dir. K.C. Gen. Hospital Date signed ---

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Scott W. Hochensmith

Licensed Embalmer No.....

3597

P. O. Address.....

Excelsior Spring

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.