S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40068

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4475

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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: General Hospital No. 2 8 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-28-42 3 hrs. (Specify whether years, months or days) In this community 40 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.: 3805 Paseo (If rural, give location): 20 min.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 9

3. (a) PRINT FULL NAME: JAMES ZELLNER
3. (b) If veteran, name war: None
3. (c) Social Security No. 493-22-7789
4. Sex: Male
5. Color or race: Negro 2
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Rosie Zellner
6. (c) Age of husband or wife if alive: unk? years
7. Birth date of deceased: August (Month) 15 (Day), 1892 (Year)

8. AGE: Years 50.0 Months 3 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace: Nashville (City, town, or county) Tenn. 1 (State or foreign country)
10. Usual occupation: Janitor
11. Industry or business:
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia
19. (a) 12-2-42 (Date received local registrar) (b) M. M. Crowl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1942 hour 7 minute 50 p. M.
21. I hereby certify that I attended the deceased from 11-28-42 4:30 p.m. X, 19__ to 7:50 p.m. X, 19__; that I last saw him alive on November 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Congestive Heart Failure	
Due to Hypertension 9 yr	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? Means of injury

23. Signature: G. A. Deerce (M. D. or other)
Address: Gen. Hosp. #2-601 E. 22 Date signed 11-30-42

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Mandove

Licensed Embalmer No. 3194

P. O. Address 2503 Highland

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.