

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED JAN 5 1943**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
 Registrar's No. 1395

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution 3 days  
(Specify whether years, months or days)  
 In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
 (c) City or town Bolckow  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SHARON MARIE ZION  
 (b) If veteran, name war none  
 (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 19  
 year 1943 hour 5 minute 45P M.

4. Sex female  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 8 1940  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-16-43 19 to 12-19-43 19  
 that I last saw him alive on 12-19-43, 19  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>5</u>	<u>11</u>	_____ hr. _____ min.

Immediate cause of death: Pneumonia  
Empyema  
 Duration 2 weeks

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Eldon Zion  
 13. Birthplace Bolckow Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Wilma Weston  
 15. Birthplace Graham Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

16. (a) Informant Mr. Eldon Zion  
 (b) Address Bolckow, Mo.

Major findings: 1100  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

17. (a) burial (b) Date thereof 12/23/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: 1000 F. Cem. Graham, Mo.

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

18. (a) Signature of funeral director Heater B. ...  
 (b) Address 319 South 10th  
 19. (a) 12/20/43 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

23. Signature Rose Herzog M.D. \_\_\_\_\_  
 Address 1255 ... Date signed 12-20-43

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

Dr. N. E. Poterak  
Kimpelnicke

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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. Druman

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.**