

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44796

Registrar's No. 1444

Registration District No. 1000

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution 903 No. 12th St., City
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 month
In this community 11 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James F. Zook

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 4, 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business None retired

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wylie Zook (Son)
(b) Address Kansas City, Kansas

17. (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Skidmore Missouri

18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City

19. (a) 12-28-43 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 903 No. 12th St.
(If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 25, year 1943 hour 10 minute 12 P.M.

21. I hereby certify that I examined the deceased on Dec 25 1943
that I last saw him alive on Dec 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Urinary Bladder
Due to Sensitivity and General Debility
Due to 52h

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy no

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?

23. Signature H F Mundy (Specify type of place) (e) Means of injury 3
Address 404 So 3d St. D 12/29/43 (M. D. or other) Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

John E. Rupp

Licensed Embalmer No. *3986*
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.