

FILED JAN 6 1944

State File No.

Registration District No. 166

Primary Registration District No. 4254

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Knobmaster
(c) Name of hospital or institution /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Franklin Zink

3. (b) If veteran, name war. X 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive 1 year

7. Birth date of deceased July 24 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 4 10 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name William E Zink

13. Birthplace Knobmaster MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name Grace Pearl Busby

15. Birthplace Mound Valley KANSAS (City, town, or county) (State or foreign country)

16. (a) Informant William Zink

(b) Address Knobmaster Mo.

17. (a) Burial (b) Date thereof Dec. 5. 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Knobmaster Mo.

18. (a) Signature of funeral director Ch. Saults

(b) Address Knobmaster Mo.

19. (a) Dec 4 1943 (b) Mrs C L Saults (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Knobmaster (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Near day 4 year 1943 hour 11:00 minute 30a.m.

21. I hereby certify that I attended the deceased from Dec 1 1943 to Dec 5 1943 that I last saw him five on Dec 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Due to

Due to

Other conditions: 107 (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature (M. D. or other)

Address Knobmaster Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1344

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-5-44

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.....

C. L. Saults

....., Registered Apprentice No.....

working under my personal supervision.

Signed *C. L. Saults*

Licensed Embalmer No. 1086

P. O. Address 29 Knob Yosters 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.