

FILED JUN 22 1949

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Ran City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 days
(Specify whether
In this community 9 years
years, months or days)

3. (a) PRINT FULL NAME Hugh Zeke
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MO 5. Color or race W 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 April 3 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Retail

12. Name Albe Zeke

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

14. Maiden name Eva McCallum

15. Birthplace Wis
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Baur

(b) Address and room and room

17. (a) burial (b) Date thereof 6/3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCallum's Cem

18. (a) Signature of funeral director Wm - Mayberry

(b) Address 2315 Linwood

19. (a) 6-3-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Ran City
(If outside city or town limits, write "RURAL")
(d) Street No. Return 38-39 Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 21 1944 to May 30 1944
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral, for advanced, pulmonary, for c emphysema on the left.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 1/2

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature A. E. Upsher (M. D. or other) M.D.
Address _____ Date signed _____

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

