

FILED JUN 20 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 611

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:  
St Joseph's Hosp  
 (If not in hospital or institution, write street number or location) 10  
 (d) Length of stay: In hospital or institution 6 Da (Specify whether  
 In this community 55 yrs  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St Joseph 11  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1615 Jule 1  
 (If rural, give location) 7  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ?

3. (a) PRINT FULL NAME Jennie Zalken

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 72 Months ? Days ? If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace (City, town, or county) Russia (State or foreign country) 6

14. Maiden name Unknown

15. Birthplace (City, town, or county) Russia (State or foreign country) 6

16. (a) Informant Max Zalkens  
 (b) Address K.C. Mo

17. (a) Burial (b) Date thereof 6-18-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharre Sholem

18. (a) Signature of funeral director Fleeman & Son Inc  
 (b) Address St Joseph, Mo

19. (a) 6-18-44 (b) Helen I Peck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
 year 1944 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 25 1944 to June 17 1944  
 that I last saw he alive on June 17 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the colon Unknown  
 Duration

Due to

Due to H62  
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Cancer of colon  
 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) (e) Means of injury \_\_\_\_\_

23. Signature John J. Dwyer M. D. or other M.D.  
 Address St Joseph Mo Date signed 6-17-44

WRITE PLAINLY—USE UNFADING INK—MAKE A LEGIBLE RECORD

APR 27 1945

**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.....

*Robert H. Gable*

Licensed Embalmer No. ....

3308

P. O. Address.....

*St. Joseph, N.J.*

**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.**