. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5598

State File No.

Registration District No. 4

Primary Registration District No. 1000

Registrar's No. 192

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 1 day (Specify whether years, months or days)
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1127 Powell 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Zachariah P. Means
3. (b) If veteran, name war none
3. (c) Social Security No. 491-09-5169
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elleanora Means
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June (Month) 14 (Day) 1873 (Year)

8. AGE: Years 71 Months 8 Days 4 If less than one day hr. min.

9. Birthplace DeKalb county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business
FATHER 12. Name William Means
13. Birthplace Liberty (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Elizabeth Laroon
15. Birthplace unknown (City, town, or county) France (State or foreign country)
16. (a) Informant Mrs. Geo. F. James
(b) Address 1127 Powell
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/ 21 /45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Chapel
18. (a) Signature of funeral director Walter Bitole & Bowman
(b) Address 319 So. 10th
19. (a) 2/20/45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1945 hour 8 minute 35 P. M.
21. I hereby certify that I attended the deceased from 2-11- 1945, to 2-18 1945, that I last saw him alive on 2-18 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary heart disease	Several yrs.
Due to Generalized arteriosclerosis "	
Due to	
Other conditions Hypostatic Pneumonia (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. E. Grimes (M. D. or other)
Address St. Joseph, Mo. Date signed 2/19/45

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(Licensed Embalmer's Statement on Reverse Side)

Dr. M. E. Grimes

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. Bowman

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.