

FILED MAR 29 1945

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3677 Campbell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 15 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City 49  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3677 Campbell  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis Zalken

3. (b) If veteran, name war No 3. (c) Social Security No. 495-05-6756

4. Sex Male 5. Color or race W4 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April 22, 1896  
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Joseph, Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Caddy

12. Name Henry Zalken

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

14. Maiden name Anna

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

16. (a) Informant Pearl Zalken

(b) Address K.C. Mo

17. (a) Removal (b) Date thereof 3-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director J. P. H. ...

(b) Address K.C. Mo

19. (a) 3-15-45 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th  
year 1945 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from March 13th, 1945, to March 14th, 1945; that I last saw him alive on March 14th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart  
Acute Sout Duration 2 days

Due to Chronic Sout

Due to \_\_\_\_\_

Other conditions (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Dr. Joseph Heteron (M. D. or other) M.D.

Address 1219 Reulds Bldg Date signed 3-14-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
P.O. Bldg

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**