

3. No. 2
A-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1910

FILED FEB 27 1946

State File No. 440

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St Joseph Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hr. 3 Mins.

In this community same do. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 7421 Flora

(If outside city or town limits, write "RURAL")

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME Infant ZILLER

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1946 hour _____ minute _____ M.

4. Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 1-25 1946 to 1-25 1946; that I last saw her alive on 1-25 1946 and that death occurred on the date and hour stated above.

7. Birth date of deceased: January 25th, 1946

(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 3 min.

Immediate cause of death. Atelectasis

Due to Pneumonia

Due to Pneumonia

Other conditions. (Include pregnancy within 3 months of death)

9. Birthplace Kansas City Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name Stephen Ziller

13. Birthplace Bird Island Minnesota

(City, town, or county) (State or foreign country)

14. Maiden name M. Della Conroy

15. Birthplace Kansas City Kansas

(City, town, or county) (State or foreign country)

Major findings: Of operations. 59

Of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Records

(b) Address Linwood & Prospect, K.C. Mo.

17. (a) Burial (b) Date thereof 1/26/46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood, Kansas City Mo.

19. (a) 1/26/46 (b) Geraldine Holmes

(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Geraldine Holmes (M. D. or other) _____

Address 1711 Curtis Date signed 1-25-46

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

1352

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.