

No. 2  
 DM-5-43  
 v. 5-17-39  
 I X36671

**FILED FEB 19 1946**  
 Registration District No. *177*

Primary Registration District No. *1002*

4951  
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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:  
949 West 33rd St. Terrace  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution xx 1  
(Specify whether)  
 In this community 12 years  
years, months or days

**3. (a) PRINT FULL NAME** LESLIE R. ZOELLNER  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Ma 0 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Hildegarde Zoellner  
 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased May 29 1888  
(Month) (Day) (Year)

**8. AGE:** Years 56-57 Months 8 Days 9  
 If less than one day hr. min.

**9. Birthplace:** Leavenworth County Kansas  
(City, town, or county) (State or foreign country)  
**10. Usual occupation:** Retired Investment Banking

**11. Industry or business:**  
**MOTHER** { **FATHER** {  
 12. Name Frank Zoellner  
 13. Birthplace Leavenworth County, Kansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Clara Bell Winslow  
 15. Birthplace Leavenworth County, Kansas  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Mrs. Leslie R. Zoellner  
**(b) Address:** 949 W. 33rd St. Terrace  
**17. (a)** Burial (Burial, cremation, or removal) **(b) Date thereof:** 2-11-46  
(Month) (Day) (Year)  
**(c) Place:** burial or cremation Calvary Cemetery

**18. (a) Signature of funeral director:** J. W. Wagner  
**(b) Address:** Kansas City, Mo.  
**19. (a)** 2-9-46 (Date received local registrar) **(b)** Sheraldine Holmes (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 47  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 949 West 33rd St. Terrace  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 1

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb day 8  
 year 1946 hour 10 minute 30 P. M.  
**21. I hereby certify that I attended the deceased from** 1943 to Feb 8 1946  
 and that death occurred on in December 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis? - Sudden  
Chronic myocarditis 9 yrs.  
 Due to previous Acute Coronary Thrombosis 9 yrs ago  
 Other conditions None  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: None  
 Of operations None  
 Of autopsy None  
93 d  
 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) Means of injury \_\_\_\_\_  
**23. Signature:** Sare R. Ferris (M. D. or other)  
 Address 934 Virginia Bldg Date Feb 8, 1946

*360*

*Kansas City, Mo*

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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..... *Cecil R. Matthes* .....

Licensed Embalmer No. *3807* .....

P. O. Address *Kansas City, 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.**