

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 2 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

97831
State File No. _____
Registrar's No. **1382**

Registration District No. 149 Primary Registration District No. 1002

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:
7416 WALNUT STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 35 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 CLEVELAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. SUSAN ELIZABETH ZWEIFEL
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 22 nd
year 1946 hour 2 minute 204 M.
21. I hereby certify that I attended the deceased from May 1, 1942
_____, 19____, to March 15, 1946
that I last saw her alive on March 15, _____, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife ALBERT
(c) Age of husband or wife if alive 30 years
7. Birth date of deceased MARCH 20 1870
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of Brain
Due to Ca of L. Breast
Primary site
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 0 Days 2
If less than one day _____ hr. _____ min.
9. Birthplace ROXBORO N. CAROLINA
(City, town, or county) (State or foreign country)

Major findings: SD
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business AT HOME
12. Name LEWIS G. HOPKINS
13. Birthplace ROXBORO N. CAROLINA
(City, town, or county) (State or foreign country)
14. Maiden name VIRGINIA P. WEBB
15. Birthplace ROXBORO N. CAROLINA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. R. D. McMILLEN
(b) Address 7416 WALNUT STREET
17. (a) BURIAL (b) Date thereof MAR 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LIBERTY MISSOURI
18. (a) Signature of funeral director D. H. Williams Sons
(b) Address 1401 BRUSH CREEK BLDG.
19. (a) 3-22-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 Geo. H. Cole (M. D. or other) _____
Address 1103 Grand Ave. Date signed 3-22-46

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

MOTHER FATHER

16300 Performance Corp.
8-4

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 *A. C. Newcomer Jr.*
Licensed Embalmer No. 4043
P. O. Address *A. C. Newcomer Jr.*

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.