

FILED JUL 9 1946

Registration District No. 42

Primary Registration District No. 5132

Registrar's No. 719

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural - Wayne Township
(c) Name of hospital or institution: R.F.D. # 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME Marsha Louise ZEMBLE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 10, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 5 7 hr. min.

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

10. Usual occupation Infant

11. Industry or business None

12. Name George Zembles

13. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Patricia Roz

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

16. (a) Informant George Zembles

(b) Address Rt. # 6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olivet Cemetery

18. (a) Signature of funeral director John E. Crump

(b) Address 6054 Pryor Ave., City

19. June 25, 1946 (b) W. H. Keatley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural Wayne Township
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17,
year 1946 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from viewed June 17th to 46

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Congenital unclosed Foramen Ovale of heart with Cardiac Failure

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature B. W. Tadlock (M. D. or other) Coroner

Address King Hill Bldg Date signed 6/17/46

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

18476

34

122

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.