

FILED OCT 28 1946

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kaw. Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 WEEKS**
(Specify whether years, months or days)

In this community **9 Yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **215 West 38th St**
(If rural, give location)

(e) Citizen of foreign country? **Yes** (Yes or No)
 If yes, name country **Germany**

3. (a) PRINT FULL NAME **Fred Zanders**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **487-12-6829**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **17th**
 year **1946** hour **7** minute **7:00** A.M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Meta Zanders**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Oct 10 1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10/14/46** to **10/17/46**, 19...
 that I last saw him alive on **8/10/46**, 19...
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
57	0	7	hr. min.

Immediate cause of death **Hypertension**

Due to

Due to

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **T. M. James & Sons**

Other conditions (Include pregnancy within 3 months of death) **52a**

Major findings:
 Of operations

Of autopsy

11. Industry or business

MOTHER FATHER { 12. Name **Herman Zanders** **4**

13. Birthplace **Germany** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Dora Seldheim**

15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Mrs Meta Zanders**

(b) Address **215 West 38th St**

17. (a) **Cremation** (b) Date thereof **Oct 18 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

While at work (Specify type of place) (c) Means of injury

23. Signature **D. R. Williams, M.D.**
 Address **Bryant Bldg** Date signed **10/17/46**

18. (a) Signature of funeral director **Carroll-Davidson**

(b) Address **3024 Troost Ave**

19. (a) **10-18-46** **Stroldine Holmes**
(Date received local registrar) (Registrar's signature)

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

32684

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

John W. Laybourne

Licensed Embalmer No. *1715*

P. O. Address *K. E. 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.