

**FILED FEB 10 1947**

Registration District No. **42**

Primary Registration District No. **5134**

Registrar's No. **165**

**1. PLACE OF DEATH:**

(a) County **Buchanan**  
 (b) City or town **Washington-Twp (rural)**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **R.F.D. # 6, St. Joseph**  
 (If not in hospital or institution, write street number or location) **Lifeline**  
 (d) Length of stay: In hospital or institution **Lifetime** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME FLORENCE E. ZOOK**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
 6. (b) Name of husband or wife **Oliver** 6. (c) Age of husband or wife if alive **30** years  
 7. Birth date of deceased **January 30, 1883**  
 (Month) (Day) (Year)

8. AGE: Years **64** Months **0** Days **4** If less than one day hr. min.

9. Birthplace **Mt. Ayr, Iowa** (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Home Lexington Foster**

12. Name **Unknown** 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Luetta Small** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Beatrice Davis (daughter)** (b) Address **R.F.D. # 6, St. Joseph, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2/6/47** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **John C. Smith** (b) Address **6054 Pryor Ave., City**

19. (a) **2-6-47** (Date received local registrar) (b) **H. B. Jenkins** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St. Joseph (rural)**  
 (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 **February** day **4**, year **1947** hour **4** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **Jan 12** 19**47** to **Feb 4** 19**47**  
 that I last saw her alive on **Feb 3-** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2.2 days**

Due to **H.B.P. Duration unknown**

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) (c) Means of injury

23. Signature **J. R. Elliott** (M. D. or other) **M.D.**  
 Address **801 1/2 Dr. J. R. Elliott** signed **2-3-47**

**382** (Licensed Embalmer's Statement on Reverse Side)

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

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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~~.....

.....  
working under my personal supervision.

Signed.....

.....Registered Apprentice No.....

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.