S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1452

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
826 West South Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Five Months.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 826 West South Ave. 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME RICHARD RAY ZIERS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 12 (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	5	22	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name John C. Ziers
13. Birthplace Independence. (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Beatrice M. Cook
15. Birthplace Independence (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant John C. Ziers
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri

19. (a) 1-12-47 (Date received local registrar) (b) [signature] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 th.
year 1947 hour 17 minute 45 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Circulatory Failure

Due to Cause unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

Duration

PHYSICIAN

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Upsher M.D. (M. D. or other)

Address 2800 Main Date signed 1/5/47

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd Carson

Licensed Embalmer No. 4199

P. O. Address Indianapolis Ind.

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.