

FILED AUG 13 1947

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3221

1. PLACE OF DEATH:
 (a) County... Jackson
 (b) City or town... Kansas City
 (c) Name of hospital or institution... 3132 Jefferson
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... XX
 In this community... 57 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... Jackson 48
 (c) City or town... Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No... 3132 Jefferson 8
 (If rural, give location)
 (e) Citizen of foreign country? No 0
 (Yes or No)
 If yes, name country...

3. (a) PRINT FULL NAME... CHARLES HENRY ZORN
 3. (b) If veteran, name war... No
 3. (c) Social Security No... None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 30th
 year 1947 hour 12: minute 45 P. M.
 21. I hereby certify that I attended the deceased from May 12 1947 to July 30 1947
 and that death occurred on the date and hour stated above.

4. Sex... Ma
 5. Color or race... Wh
 6. (a) Single, widowed, married, divorced... Married
 6. (b) Name of husband or wife... Minnie A. Zorn
 6. (c) Age of husband or wife if alive... 74 years
 7. Birth date of deceased... October 25 1860
 (Month) (Day) (Year)

Immediate cause of death... cerebral thrombosis (repeated attacks) 17 yrs.
 Duration

8. AGE:	Years	Months	Days	If less than one day
	86	9	5	hr. min.

Due to...
 Due to...
 Other condition... General atherosclerosis
 (Include pregnancy within 3 months of death)

9. Birthplace... Richmond Indiana
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations...
 Of autopsy... 838
 Underline the cause to which death should be charged statistically.

10. Usual occupation... Retired
 11. Industry or business... Sante Fe R.R. Master
 12. Name... Charles Zorn Pa.
 13. Birthplace... Charlotte Plaus Pa.
 14. Maiden name... Charlotte Plaus
 15. Birthplace... Pa.

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... Miss Charlotte Irene Zorn
 (b) Address... 3132 Jefferson
 17. (a) Burial... Mt. Washington
 (b) Date thereof... 8-1-47
 (c) Place: burial or cremation...
 18. (a) Signature of funeral director... J. W. Wagner
 (b) Address... Kansas City, Mo.
 19. (a) 7-31-47 (Date received local registrar)
 (b) Geraldine Holmes (Registrar's signature)

23. Signature... H. W. Wale... (M. D. or other)
 Address... 1124 Professional Bldg. Date signed 7/31/47
 While at work? (Specify type of place) (2) Means of injury

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

MOTHER, FATHER

Proof 129
11-1938

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..... *Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address..... *Kansas City, 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.