

National Office of Vital Statistics  
FILED FEB 3 1948

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 348

1. PLACE OF DEATH:

(a) County..... Jackson

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

(c) Name of hospital or institution: City Jail 507602-3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County..... Jackson 49

(c) City or town..... Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No..... 558 Main 8  
(If rural, give location)

(e) Citizen of foreign country?..... no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME RAY Ryan Zellers

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

3. (c) Social Security No. 48-7-09-3663

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23  
year 1948 hour 10 minute 30 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.

5. Color or race..... W

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... 7-20-1891  
(Month) (Day) (Year)

Immediate cause of death.....  
Coronary Occlusion

Due to.....

8. AGE: Years Months Days If less than one day

56 6 3 hr. min.

Due to.....

Other conditions..... Deputy Coroner  
(Include pregnancy within 3 months of death)

9. Birthplace..... Joplin Mo  
(City, town or county) (State or foreign country)

10. Usual occupation..... welder

Major findings: Of operations..... 94a

Of autopsy..... History & inspection

PHYSICIAN.....

Underline the cause of which death should be charged statistically.

11. Industry or business..... None

12. Name..... Frank Zellers

13. Birthplace..... Joplin Mo  
(City, town or county) (State or foreign country)

14. Maiden name..... J. McMillan McMillan

15. Birthplace..... Ky  
(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?.....  
While at work?..... (Specify type of place)

23. Signature..... A. E. Woster M.D.  
Address..... 2800 Main Date signed..... 1/29/48

16. (a) Informant..... O.P. Zellers  
(b) Address..... Joplin Mo

17. (a) (Burial, cremation, or removal)..... Burial (b) Date thereof..... Jan 27-48  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Joplin Mo

18. (a) Signature of funeral director..... P. Scantino Bras  
(b) Address..... K.C. Mo

19. (a) 1-24-48 (Date received local registrar)

(b) Geraldine Holme (Registrar's signature)

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

MOTHER FATHER

JUN 11 1949

FEB 5 1948

OCT 17 1950

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.