

FILED APR 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12893**

Registrar's No. **1536**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
3446 East 8th Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 56 years  
years, months or days)

3. (a) PRINT FULL NAME Joseph ZANER (Zaccagnino)

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jennie Zaner 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 - - - - - hr. min.

9. Birthplace Avalino Italy  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer  
11. Industry or business K. C. Park Dept.

12. Name Frank Zaner  
13. Birthplace Italy  
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Telisca  
15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Zaner  
(b) Address 3444 East 8th St., K.C., Mo.

17. (a) Burial (b) Date thereof 4-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (e) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 4-7-48 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3446 East 8th Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3-10-47  
to 4-5-48, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Arteriosclerosis  
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) \_\_\_\_\_  
(e) - Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or N. D.) \_\_\_\_\_  
Address 228 S. White Date signed 4-7-48

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

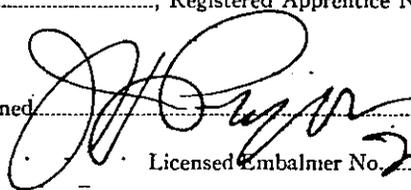
No. 2  
12-45  
17-39  
X47070

*Bn. F. P. Jones*  
*428 So. 7th St.*  
*Bo. 3319*

**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



Licensed Embalmer No. *2999*

P. O. Address..... *(K)*

**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.**