

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8708
813

| | | | | | | | | |
|---|--|--|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | | c. LENGTH OF STAY (In this place) 56 YEARS | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 712 WEST 12TH STREET | | | | d. STREET ADDRESS (If rural, give location) 712 WEST 12TH STREET | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EARL | | b. (Middle) JAMES | | c. (Last) ZENTS | | 4. DATE OF DEATH (Month) (Day) (Year) 2 18 1949 | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | | 8. DATE OF BIRTH 9-16-1892 | | |
| 9. AGE (In years last birthday) 56 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD MAN | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME JOSEPH W. ZENTS | | | 13b. MOTHER'S MAIDEN NAME BESSIE MURPHY | | | 14. NAME OF HUSBAND OR WIFE UNKNOWN | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR NO. 1 | | 16. SOCIAL SECURITY NO. 495-05-4206 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAWRENCE ZENTS, 618 VIRGINIA | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Glomerulonephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 592 X DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis | | 19a. DATE OF OPERATION | | | | | 19b. MAJOR FINDINGS OF OPERATION Necrosis of Infectious Gout Arteries | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Hugh H. Owens (Degree or title) | | | | 23b. ADDRESS 1034 Reath Bldg | | 23c. DATE SIGNED 2-19-49 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 2-22-49 | | 24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY, KANSAS CITY MO. | | 24d. LOCATION (City, town, or county) (State) | | |
| DATE REC'D BY LOCAL REG. 2-21-49 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE J. F. Dowell Co. | | ADDRESS 3256 BROADWAY | | |

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Paul Y. Rowe

Signed _____

Student Embalmer

Licensed Embalmer No. *2949*

P. O. Address *H. R. 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.