

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) 13 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		7005			
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital				d. STREET ADDRESS (If rural, give location) 1118 Fredrick					
3. NAME OF DECEASED (Type or Print) a. (First) Ruth		b. (Middle) May		c. (Last) Zuvers		4. DATE OF DEATH (Month) (Day) (Year) December 12 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 29 1889			
9. AGE (In years last birthday) 65 Years		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Homemaking			11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Missouri			
12. CITIZEN OF WHAT COUNTRY? U. S.			13a. FATHER'S NAME David E. Bancroft		13b. MOTHER'S MAIDEN NAME Mary Weaver		14. NAME OF HUSBAND OR WIFE Charles E. Zuvers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles E. Zuvers-1118 Fredrick - Inde. Mo					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis of pt iliac DUE TO (c) cholelithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 584 h	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION cholelithiasis, Ventral Hernia						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		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 <u>12-5, 1954</u> , to <u>12-12, 1954</u> , that I last saw the deceased alive on <u>12-11, 1954</u> and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE H. J. Mc Anally (Degree or title)				23b. ADDRESS 226 E. 11th St. K.C., Mo		23c. DATE SIGNED 12-14-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 15 1954		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City Missouri			
DATE REC'D BY LOCAL REG. 12-14-54		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels, Inc. K. C. Mo					

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

NOV 26 1954

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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.

Student
Student Embalmer

Signed Lloyd C. McCall _____

Licensed Embalmer No. 4853 _____

P. O. Address L. C. McCall _____

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.