

REGD JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17482
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2179
 (c) City Kansas City (d) Street No. 104 W. Armour St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Solomon O. Zachman
 (a) Residence, No. 104 West Armour St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude C. Zachman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 23
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auditor
 9. Industry or business in which work was done, as saw mill, bank, etc. Eagles
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936, to May 25, 1938
 I last saw him alive on May 25, 1938. Death is said to have occurred on the date stated above, at P. 6:50.
 The principal cause of death and related causes of importance were as follows:
uremia (acute) Date of onset 5/21/38
121
 Other contributory causes of importance:
Coronary Atherosclerosis 4/12/38
arteriosclerosis
Chronic nephritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. & Lab. Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Robert M. McClure, M. D.
 (Address) 820 Professional Bldg.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Daniel Zachman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Ansement
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Eugene C. Zachman (Son)
 (ADDRESS) 1014 Arno Rd., Kansas Cy, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5/27, 1938
 19. FUNERAL DIRECTOR Stine & McClure
 (ADDRESS) 3235 Gillham Plaza.
 20. FILED May 27, 1938 M. M. Brown
 Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)