

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24305  
State File No. 2915  
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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:  
3716 Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Lifetime  
years, months or days)

3. (a) PRINT FULL NAME Mr. Henry E. Zahner 560

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Mrs. Marie Zahner 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 20 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 0 0 hr. min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Zahner Mfg. Co.

12. Name William E. Zahner

13. Birthplace Unk own Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Rebolt

15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard B. Zahner

(b) Address 440 East Meyer Blvd.

17. (a) Burial (b) Date thereof July 22, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director D. H. Newcomer

(b) Address D1401 N Brush Creek Blvd.

19. (a) July 21, 1940 (b) M. M. Erbe  
(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. 3716 Jefferson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1940 hour 5 minute A M.

21. I hereby certify that I attended the deceased from July 1, 1940 to July 20, 1940 that I last saw him alive on July 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction

Due to 151

Due to hypertensive cardio-reno-  
Other conditions vascular disease  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

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

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 Robert W. Deach (M. D. or other)  
Address 919 Risato Bldg. Date signed 7/10/40

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

MOTHER-FATHER

**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. 4043

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, above space should be left blank.**