

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23689

State File No.

FILED AUG 19 1942

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3083

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

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:
4524 Madison Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 20 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Andrew Zahner

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 Mrs. Dorothy Zahner

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased... May 3 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 3 11 hr. min.

9. Birthplace St. Joseph Hill Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Contractor

11. Industry or business A. Zahner & Company

MOTHER FATHER { 12. Name Maxemelia Zahner

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

14. Maiden name Elizabeth Hirbig

15. Birthplace Wheeling West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Zahner

(b) Address 4524 Madison

17. (a) Burial (b) Date thereof Aug. 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-15-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 4 138

(a) State Missouri (b) County Jackson

(c) City or town... Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4524 Madison Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country... -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1942 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from 1939 to Aug. 14, 1942, 19...
that I last saw him alive on August 14, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic arteriosclerosis
chronic nephritis
arteriosclerosis

Due to... 131 B

Other conditions 131 B
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations...
Of autopsy...

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?.....

23. Signature D. H. Newcomer's Sons (M. D. or other) D
Address 1401 Brush Creek Blvd. Date signed 8/14/42

1402 Bryant Blay
1:30-5:00

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..... *R. O. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *R. O. Newcomer*

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.