V. S. No. 2
50M—5-42
Rev. 5-17-39
I_X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26543

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 2268

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: 2618 Lister (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: --- In this community: 43 Years (Specify whether years, months or days)

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.: 2618 Lister (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

48
3
6
0

3. (a) PRINT FULL NAME: Mrs. Mary Winter Zilski

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: 2 Widowed

6. (b) Name of husband or wife: Mr. Charles Zilski

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

7. Birth date of deceased: June (Month) 6 (Day) 1864 (Year)

8. AGE: Years 78 Months 2 Days 18 If less than one day: hr. min.

9. Birthplace: Leavenworth (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ---

FATHER
12. Name: John Winter
13. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name: Anna Dekat
15. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Louise Winter
(b) Address: 2618 Lister ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's Cemetery

18. (a) Signature of funeral director: O. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 8-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 24th year: 1942 hour: 6 minute: 15 P. M.

21. I hereby certify that I attended the deceased from Feb 2-42, 19..., to Aug 24 1942, that I last saw h. alive on Aug 6 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Gangrene - Bronchial Pneumonia
Due to: Cerebral Hemorrhage
Due to:
Other conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

Duration: 12 hrs 12 hrs

Major findings:
Of operations: none
Of autopsy: none done

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: D. D. Emmons (M. D. or other)
Address: 4 Gold Exch Bldg Date signed: 8/26/42

(Licensed Embalmer's Statement on Reverse Side)

Rev. O.P. Simonds
4800 East 24th Street
2-5

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

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, fact should be so stated above.