

FILED DEC 7 1942
Registration District No. 739

Primary Registration District No. 1002

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: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 5 yrs

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. 1031 Myrtle
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN ZUHN

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th
year 1942 hour 9 minute 25 A.M. M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Melissa Zuhn 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 21 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-13-42, 19____, to 11-16-42, 19____; that I last saw him alive on 11-16-42, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 7 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death Hypertensive heart disease with congestive heart failure

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Retired Machinist

11. Industry or business Wabach R.R. Co

12. Name John Zuhn

13. Birthplace Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Hageman

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

16. (a) Informant Mrs. Melissa Zuhn

(b) Address 1031 Myrtle

17. (a) Burial (b) Date thereof Nov 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.D. Washington

18. (e) Signature of funeral director Mrs. C.R. Foster

(b) Address 918 Broadway

19. (a) 11-19-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy None

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)

(b) Means of injury _____

23. Signature Dr. J. R. Thom (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Blair Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *H. C. Moore*

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.