

FILED MAY 5 1943/49

Registration District No.

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: 4716 Grand
(If not in hospital or institution, write street number or location)

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

In this community 34 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. 4716 Grand
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT MRS. LYRAH ZELL ZONDLER
FULL NAME

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Fred H. Zondler

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October 25 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	5	23	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Emmett Ervin Cox

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

14. Maiden name Mary Elia McDonald

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

16. (a) Informant Fred H. Zondler

(b) Address 4716 Grand

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4-21-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 4-20-43 (Date received local registrar)

(b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1943 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from May 10
1940 to April 18 1943;
that I last saw her alive on April 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of larynx.
Duration 3 days.

Due to Malignancy 47a

Due to Metastasis

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

Major findings: Cancer of larynx.

Of operations —

Of autopsy —

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)

23. Signature Ottobart Hoffmann (M. D. or other)

Address 900 Rialto Bldg Date signed 4/19/43

Bob Riddle
11-2966
3:00 to 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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.