

MAILED AUG 27 1943

Registration District No. 149

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:
3942 Euclid Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 1 Week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 997

(c) City or town Alta Vista (If outside city or town limits, write "RURAL") 14

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country 2

3. (a) PRINT FULL NAME Mr. Charles F. Zerbe

3. (b) If veteran, name war None

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. Mary Zerbe

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 16 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER

12. Name Frederick Zerbe

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. F. Wilson

(b) Address 3942 Euclid Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 18, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Alta Vista, Kansas

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-18-43 (Date received local registrar)

(b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1943 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____;
Deputy Coroner
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerotic Heart Disease.

Due to _____

Due to _____ 93d

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

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy Inspection, and History

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)

(c) Means of injury _____

23. Signature D. E. Brown (M. D. or other) M.D.

Address 23 M. Coy Date signed 8/17/43

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

SEP 20 1943

SEP 30 1943

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 *A. C. Newcomer Jr.*

Licensed Embalmer No. 4043

P. O. Address *A. C. No.*

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.