

Registration District No. 20124B

Primary Registration District No. 3026

Registrar's No. 180

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
204 East Short Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Independence 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 204 East Short Street 4
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (c) PRINT FULL NAME RALPH JOSEPH ZION

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-09-1769

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Goldie N. Zion 6. (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased May 4th, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 27 hr. min.

9. Birthplace Crab Orchard, Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Foundry

MOTHER FATHER
 12. Name Joseph Zion
 13. Birthplace No Data 9
(City, town, or county) (State or foreign country)
 14. Maiden name Annie D.
 15. Birthplace No Data 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph J. Zion

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof July 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland T. Speake

(b) Address Independence, Missouri

19. (a) 7-3-1944 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st,
 year 1944 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 1944 to July 1st 1944
 that I last saw h. i. m. alive on July 1st 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decompensation Duration 12hr

Due to hypertensive cardiac-vascular disease years

Other conditions 932
(Include pregnancy within 3 months of death)

Major findings:
 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)
 (c) Means of injury _____

23. Signature Vance E. Lusk, M.D. (M. D. or other) _____
 Address 129 W. Lex, Indeg., Mo Date signed 7/2/44

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

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.....

Roland J. Benka

Licensed Embalmer No. *3604*

P. O. Address *Indep. Ind.*

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.