S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40444

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 5172

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: 3522 BROOKLYN AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — 1 (Specify whether
In this community 35 YEARS
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. 3522 BROOKLYN AVENUE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. JOSEPH WILLIAM ZORN

3. (b) If veteran, name war NO

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. LORETTA ZORN

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased FEBRUARY 4 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 13 If less than one day ___ hr. ___ min.

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

10. Usual occupation PLASTERING CONTRACTOR

11. Industry or business SHAMBO & ZORN

FATHER
12. Name PETER ZORN
13. Birthplace UNKNOWN (City, town, or county) SWITZERLAND (State or foreign country)

MOTHER
14. Maiden name UNKNOWN MUREGG
15. Birthplace UNKNOWN (City, town, or county) SWITZERLAND (State or foreign country)

16. (a) Informant Loretta Zorn
(b) Address 3522 Brooklyn

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 19, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEM.

18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-19-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 17TH year 1944 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from April, 1944, to Dec 17, 1944, that I last saw him alive on Dec. 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Face — Duration 10 years

Due to

Due to 53

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Face
Of autopsy None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Kenneth A. Davis (M. D. or other) MD

Address 201 Plaza Theater Bldg. Date signed 12-18-44

Landed City, Mo

(Licensed Embalmer's Statement on Reverse Side)

Olympic Theatre Bldg

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.....E. Oscar Northey.....

Licensed Embalmer No.....1967.....

P. O. Address.....Kansas City.....

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.