No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13443
1911

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K C
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 517 Gillis 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town K C 3
(If outside city or town limits, write "RURAL")
(d) Street No. 517 ~~Gt~~ Gillis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 8
If yes, name country

3. (a) PRINT FULL NAME SAM ZAROS

3. (b) If veteran, name war —

3. (c) Social Security No. unknown

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: 45 Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation

11. Industry or business Laborer

FATHER
12. Name unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Affronte
(b) Address 517 Gillis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys

18. (a) Signature of funeral director Sebbeto's
(b) Address City

19. (a) 4-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21 year 46 hour 12 minute 00 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Corone Coronary Sclerosis

Due to

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection & History

Duration

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 A. E. Apsher (M. D. or other) Mo
Address 2800 Main Date signed 4/21/46

(Licensed Embalmer's Statement on Reverse Side)

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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address KC 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.