

FILED MAY 10 1946

Registration District No. _____ Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **rural - Madison Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 hours**
(Specify whether
In this community **50 years**
years, months or days)

3. (a) PRINT **Florence Homer Zuck**
FULL NAME

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 **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased **November 27 1871**
(Month) (Day) (Year)

8. AGE: Years 74	Months 5	Days 3	If less than one day hr. _____ min.
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9. Birthplace **Westmoreland County Penn**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **William F. Zuck**

13. Birthplace **Westmoreland Co. Penn**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Cathrine Lontz**

15. Birthplace **Westmoreland Co. Penn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. M. Zuck**

(b) Address **Route 1, Carthage, Mo.**

17. (a) **burial** (b) Date thereof **May 3, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Mo.**

19. (a) **5-1-46** (b) **L. B. Centon**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1, Carthage**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30**
year **1946** hour **7:30** minute **P** M.

21. I hereby certify that I attended the deceased from **April 15**, 19**46**, to **April 30**, 19**46**.
that I last saw him alive on **April 30**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart**

Due to **Chronic Valvular Heart**

Due to **3 yr duration**

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

Major findings:
Of operations _____

Of autopsy **920**

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 **0**

23. Signature **A. E. Baker** (M. D. or other) _____
Address **Carthage, Mo.** Date signed **5-4-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

46-4-341

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 Lucy Kneel-Buckwell
Licensed Embalmer No. 2510
P. O. Address Carthage, 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.