

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
U. S. GOVERNMENT PRINTING OFFICE: 1940
STANDARD CERTIFICATE OF DEATH

State File No. **30535**
4083
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **3328 Monroe /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX**
In this community **45 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(d) Street No. **3328 Monroe** (If rural, give location) **8**
(e) Citizen of foreign country? **No** (Yes or No) **J**
If yes, name country

3. (a) PRINT FULL NAME **KARL F. ZONDLER**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Ma** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Katherine Zondler** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **March 13 1854**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 6 12 hr. min.

9. Birthplace **Wurttemberg** **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **No Record**

MOTHER, FATHER {
12. Name **No Record**
13. Birthplace **Germany** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **Germany** **11**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Chas. Hursig**

(b) Address **3328 Monroe**

17. (a) **Burial** (b) Date thereof **9-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **JW Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **9-26-46** (b) **Maldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9** day **25**
year **1946** hour **15** minute **0** M.
21. I hereby certify that I attended the deceased from **1936** to **Sept 25 1946**
that I last saw him alive on **9-15-1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **10 days**
2nd **9-25-46**
Due to **general arterio sclerosis** **15 yrs**

Due to
Other conditions (Include pregnancy within 3 months of death) **830**

Major findings: Of operations **830** PHYSICIAN
Of autopsy 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 **0**
23. Signature **Ernest W. Shisher** (M. D. or other)
Address **900 Katta Bldg KC Mo** Date signed **9-26-46**

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. R. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.