

FILED NOV 25 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" add name of township)
(c) Name of hospital or institution: RESEARCH 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WEEKS
(Specify whether years, months or days)
In this community 6 WEEKS

3. (a) PRINT FULL NAME JOHN A. ZION (ALEXANDER)
(b) If veteran, name war NO
(c) Social Security No. 492-14-1067

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
(b) Name of husband or wife XXXXX
(c) Age of husband or wife if alive XXXX years
7. Birth date of deceased FEB 22 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 12 hr. min.

9. Birthplace KINGSVILLE MO
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business CLOTHING

12. Name Wm HENRY ZION
13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name CARRIE REEVES
15. Birthplace NORTH CAROLINA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS JAMES GRAY
(b) Address KANSAS CITY MO
17. (a) 13712A (b) Date thereof 11-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HOLDEN MO

18. (a) Signature of funeral director Canada J. Rapp
(b) Address Halden Mo
19. (a) 11-11-46 (b) M. D. Stralaine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON
(c) City or town HOLDEN
(If outside city or town limits, write "RURAL")
(d) Street No. 2ND & BLY PINE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 4
year 1946 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Oct
7, 1946 to NOV 4, 1946;
that I last saw him alive on November 3, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Bladder

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy Carcinoma of Bladder

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) (e) Means of injury _____
23. Signature I. T. Smith (M. D. certifier)
Address 1019 Professor and Bldg Date signed 11/11/46

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

36002

NOV 26 1942

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.....

W. L. Canaday

Licensed Embalmer No. *3434*

P. O. Address.....

Holden 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.