

FILED FEB 10 1947

State File No. _____

Registration District No. 198

Primary Registration District No. 3026

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 dno.
In this community 50 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 607 N Union
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Allen E Zurolo

3. (b) If veteran, name war None 3. (c) Social Security No. 410-09-1100

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice V Zurolo 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Jan 6 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Liberty, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Store Mgr.

11. Industry or business Hardware

12. Name James

13. Birthplace Rome, Italy
(City, town, or county) (State or foreign country)

14. Maiden name Ella Varble

15. Birthplace Liberty, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James V Zurolo

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Washington Cem.

18. (a) Signature of funeral director Oil & Mitchell

(b) Address 310 N. Main St. Indep. Mo.

19. (a) 1-30-47 (b) James V Zurolo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1947 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 10 to Jan 19, 1947
that I last saw him alive on Jan 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to hypertension
Duration 14 days
Due to _____ 2 yrs

Other conditions 93A
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations _____
Of autopsy no autopsy

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Allen E Zurolo (M. D. or other) _____
Address Independence, Mo. Date signed 1-20-47

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

MOTHER FATHER

MAY 26 1948

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 Henry G. Mitchell

Licensed Embalmer No. 3925-

P. O. Address Indep 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.