

7. S. No. 2
 00M-5-43
 ev. 5-17-39
 I X3667

13744

FILED APR 23 1947
 Registrar's District No. _____

Primary Registration District No. 1002

Registrar's No. 1645

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos. 17 days
(Specify whether
 In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
48
3
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
8
 (d) Street No. 4709A Troost
(If rural, give location)
0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Steve Zingerli
 3. (b) If veteran, name war unk
 3. (c) Social Security No. unk

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month April day 9
 year 1947 hour 11 minute 20 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced unk
 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)

21. I hereby certify that I attended the deceased from Jan. 23 1947 to April 9 1947
 that I last saw him alive on April 9 1947
 and that death occurred on the date and hour stated above.

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

Immediate cause of death
Cerebrovascular accident
Bronchopneumonia

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

Due to _____
 Due to _____

10. Usual occupation Caretaker
 11. Industry or business Rockhill-Nelson Estate

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 830
 Of operations _____
 Of autopsy None

12. Name _____
 13. Birthplace _____
 14. Maiden name _____
 15. Birthplace _____

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? 0

16. (a) Informant Hosp. Records
 (b) Address K.C. Mo

23. Signature Wm W. Hart (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 4-10-47

17. (a) Removal (b) Date thereof 4-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Aurora, Illinois
 18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address 1800 Linwood Blvd, K.C. Mo
 19. (a) 4-10-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. King

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 *Russell N France*

Licensed Embalmer No. *4255*

P. O. Address *K, C, 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.