REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13946
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 1760
(d) Street No. 26 West 53rd Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 246 Mrs. Florence D. ZIEGLER.
(a) Residence, No. 26 West 53rd Street. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Herbert F. Ziegler.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st, 1893.

7. AGE: Years 45 | Months 10 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri.

FATHER
13. NAME Theodore Schweiger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary Frances Shea
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan.

17. INFORMANT (ADDRESS) Miss Florence Ziegler, Dau. 26 W. 53rd St., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4/24/39. 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellody-McGilley. K. C. Mo.

20. FILED Apr 23 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1939

22. I HEREBY CERTIFY, That I attended deceased from April 25 1938, to April 20 1939
I last saw her alive on April 20 1939 Death is said to have occurred on the date stated above, at 5 10 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Carcinoma of Ovary	
49	

Other contributory causes of importance:
Peritoneal Metastasis
Pulmonary Metastasis
Cardiac failure

Name of operation Exploratory Laparotomy Date of 4/25/1938
What test confirmed diagnosis? Sections Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. T. Van Dell, M. D.
(Address) 1103 Grand

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No. 2999

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, above space should be left blank.