

Registration District No. 395Primary Registration District No. 1002

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
(Specify whether
 In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME John Ziegler
 8. (b) If veteran, name war No
 8. (c) Social Security No. 382-01-3859

4. Sex Male
 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife No Record
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased April 17 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 7 11
 hr. min.

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

10. Usual occupation Tool and Die Maker

11. Industry or business Automobile Factory

12. Name John Ziegler

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

14. Maiden name Anna Seelig

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

16. (a) Informant's own signature 2826 Prospect

(b) Address Burke Bendart

17. (a) Burial (b) Date thereof Nov. 30, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Mo.

19. (a) Nov. 30 1939 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. 2826 Prospect
(If rural, give location)
 (e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th
 year 1939 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from
Nov. 6th, 1939 to Nov. 28th, 1939;
 that I last saw him alive on Nov. 28th, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death
Subacute endocarditis Rheumatic Heart Disease

Due to _____
 Due to _____

Other conditions Toxic degeneration of all organs
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 Dr. M. M. Crowe (M. D. or other) 11-29-39
 Address Supt. K. C. Gen. Hosp. K. C. Mo. Date signed _____

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. Haunschuld

Licensed Embalmer No. 4067

P. O. Address. H. E. 2nd

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.