

No. 2
4-13-40
5-17-39
PI X23159

State File No. _____

FILED AUG 15 1941
Registration District No. _____

Primary Registration District No. 3020

Registrar's No. 101

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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County. Livingston
(b) City or town. Chillicothe
(c) Name of hospital or institution:
XXXXXXXXXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. XXXXXXXXXX
In this community. Life / (Specify whether years, months or days)

3. (a) PRINT FULL NAME. Silas Calvin Zeigler
3. (b) If veteran, name war. XXXXXXXXXX
3. (c) Social Security No. 487-14-4629

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Mary Lee Zeigler
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March 21, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 20 XX hr. XX min.

9. Birthplace Livingston Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business XXXXXX

12. Name John Zeigler
13. Birthplace Reading Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary ZTWITZY
15. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary L Zeigler
(b) Address Chillicothe Mo.

17. (a) Burial (b) Date thereof 7-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe Mo.

19. (a) 7-12-41 (b) H. M. Wallace, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 059
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 634 Missouri Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXXXXXXX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1941 hour 5 minute 10 A? M.

21. I hereby certify that I attended the deceased from 7-11-41 to 7-11-41
that I last saw him alive on 7-9-41
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
Due to _____
Due to 164E
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Near

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 7-11-1941
(c) Where did injury occur? Chillicothe
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Water Tower
(Specify type of place) Jumped from bridge of tower
(e) Means of injury Coronet
23. Signature Harben Corney (M. D. or other) _____
Address Chillicothe Mo. Date signed 7-12-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Donald F. Gordon*.....

Licensed Embalmer No. *4191*.....

P. O. Address *Chillicothe, 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.