

SEP 8 1943
Registration District No. _____

Primary Registration District No. 4183

Registrar's No. 30

1. PLACE OF DEATH:

(a) County. Franklin
(b) City or town. Pacific
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME ELIZABETH ANNA ZIEGER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / race White 5. Color or 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ignatz Zieger 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December 21 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Henry Williams

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

14. Maiden name Elizabeth Zieger
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
(b) Address Pacific, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Pacific Mo.

19. (a) 8/15/43 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1943 hour 3 minute 5 P. M.

21. I hereby certify that I attended the deceased from Aug 7, 1943 to Aug 13, 1943
that I last saw her alive on Aug 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of stomach from chronic peptic ulcer, duration was probably about one year

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) Hf

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 [Signature] (M. D. or other) M.D.
Address Pacific Mo. Date signed 8-15-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.

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.....

Geo. L. Phibes

Licensed Embalmer No. *3008*

P. O. Address.....

Pacific, Wyo.

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.