S. No. 2
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I X35697

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

24307

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1945

State File No.

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 16

**1. PLACE OF DEATH:**

(a) County Johnson

(b) City or town Sedalia AAFld, Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital Sedalia AAFld, Warrensburg, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community - -
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Unknown

(c) City or town Junction City
(If outside city or town limits, write "RURAL")

(d) Street No. Route 02
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME 1ST LT EDWARD B ZIEGLER 0-562407 ADH

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Leila

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June (Month) 18 (Day) 1916 (Year)

8. AGE: Years 29 Months - Days 29 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Helen Kramer
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant U.S. Army Records

(b) Address Sedalia AAFld, Warrensburg, Mo

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

(c) Place: burial or cremation Gillespie Funeral Home

18. (a) Signature of funeral director Sedalia, Missouri

(b) Address

19. (a) July 17-1945 (Date received local registrar) (b) Mrs. C. L. Saults (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 16 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 16 July, 1945, to 16 July, 1945, that I last saw him alive on Never, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death 1-Fracture, skull, compound, depressed. 2-Multiple chest injuries 3-Burn, severe, lower extremity, bilateral.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None performed

Of autopsy None performed

Duration

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) Plane Crash

(b) Date of occurrence 16 July 1945

(c) Where did injury occur? SAAFld, Warrensburg, Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Sedalia AAFld, Warrensburg, Missouri

While at work? Yes (Specify type of place) (e) Means of injury Plane Crash

23. Signature of Station Hospital, Sedalia AAFld, Warrensburg, Missouri (M. D. or other) Luther L. Hall

Address Date signed 7/17/45

1346

(Licensed Embalmer's Statement on Reverse Side)

## 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 L. E. Boulden

Licensed Embalmer No. 3867

P. O. Address Sulphur

**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.**