S. No. 2
M—5-43
. 5-17-39
I X36671

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

1773

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3629

FILED FEB 7 4 1946

Registration District No. 2 Primary Registration District No. 3052 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bethwell Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community two weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia (If outside city or town limits, write "RURAL") 1

(d) Street No. 1101 West 10th (If rural, give location) 4

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs. Cora Zeigel

3. (b) If veteran, name war none

3. (c) Social Security No. 497-12-5026 (497-12-5026)

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

6. (b) Name of husband or wife William A. Zeigel 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 13, (Day) 1886 (Year)

8. AGE: Years 59 Months 6 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Morgan County, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name James L. Page

13. Birthplace Washington County, Ohio (City, town, or county) (State or foreign country) 1

14. Maiden name Sally A. Hunt

15. Birthplace Morgan County, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Eugene Zeigel (son)

(b) Address 1101 West 10th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/46 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Mo.

19. (a) 1/9/46 (Date received local registrar) (b) A. J. Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1946 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from July 1st, 1945 to Jan 8th, 1946 that I last saw her alive on Jan 7th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death cholecystitis

Due to Cholecystectomy and liver complications,

Due to Thrombophlebitis operated 9th removed fully

Due to

Other conditions (Include pregnancy within 3 months of death) 2

Major findings: Of operations 1-7-46

Of autopsy

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)

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

23. Signature A. J. Campbell (M. D. or other) M. D.

Address Sedalia, Mo. Date signed 1-9-46

S/51 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-1-46

FEB 1 1946

MAY 10 1946

FEB 7 1943

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.