

FILED MAY 7 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Rachel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)
In this community 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Nowinger
(If outside city or town limits, write "RURAL")
(d) Street No. R.F. #1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Zeigler, Bonnie Paul

3. (b) If veteran, name war _____

3. (c) Social Security No. 1

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gloria 6. (c) Age of husband or wife if Zeigler alive years
7. Birth date of deceased 7 30 98
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Gloria Zeigler
(b) Address R.F. #1 Nowinger Mo

17. (a) Removal (b) Date thereof 4/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ursville Mo
(a) Signature of funeral director Harold Funeral Service

(b) Address Columbia Mo

19. (a) 4-6-46 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1946 hour 10: minute 45 A.M.

21. I hereby certify that I attended the deceased from March 25, 1946, to April 6, 1946; that I last saw him alive on April 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Pancreas & diffuse metastasis
Due to above peritonitis

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

Major findings: Of operations above
Of autopsy above 4.6.46

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? _____

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

23. Signature Ed E. Maggors (M.D. or other) _____
Address R.F. #1 Nowinger Date signed 4-6-46

11098

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-6-46

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

W. D. White

Licensed Embalmer No. 3893

P. O. Address Bellevue, W. Va.

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.