

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42366**
Registrar's No. **77**

National Office of Vital Statistics
FILED JAN 5 1947
Registration District No. **2529**

Primary Registration District No. **5764**

1. PLACE OF DEATH:
(a) County **Marion**
(b) City or town **Rural Warren Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Monroe City; Route 4
(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 Time**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Marion**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Monroe City, Route 4**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LEE LAPEL ZEIGER**
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **24**
year **1947** hour..... minute..... M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Virgie** (c) Age of husband or wife if alive..... years
7. Birth date of deceased **November 23 1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 **1** hr. min.

Immediate cause of death **Exposure**
Due to **Accidental fall in creek while hunting**
Due to.....

9. Birthplace **Marion County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings: **1940**
Of operations.....
Of autopsy.....

11. Industry or business.....
12. Name **Carl Zeiger**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Grunwald**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant **James J. Jones**
(b) Address **Monroe City, Mo**
17. (a) **Burial** (b) Date thereof **12/30/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Andrew Chapel Marion Co**
18. (a) Signature of funeral director **WILSON & SONS**
(b) Address **Monroe City, Mo**
19. (a) **12-31-47** (b) **W. M. Beer**
(Date received local registrar) (Registrar's signature)

23. Signature **James Donnell Brown** (M.D. or other)
Address **Marion, Mo** Date signed **12/28/47**

Jefferson City Printing Co. (Licensed Manufacturer)

Statement on Reverse Side

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

MOTHER FATHER

64
0
0
0

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

64

3

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 me

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Lennie L. Wilson

Licensed Embalmer No. 3814

P. O. Address

Monroe City 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.