

No. 1  
12-45  
17-39  
X47070

FILED JAN 21 1948

Registration District No. **282**

Primary Registration District No. **5976**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County Joek

(b) City or town Walnut Grove Mo. R. R.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rural Jackson Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ward (Specify whether)

In this community 3 years years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Joek

(c) City or town Walnut Grove Mo. R. R. Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Jackson Township  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Wesley Ziegler

3. (b) If veteran, name war M.I.A.

3. (c) Social Security No. N.I.A.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rosetta McCampbell Ziegler

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 5<sup>th</sup> 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 6 6 hr. min.

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

10. Usual occupation farmer

11. Industry or business Stock & Grain

12. Name William Ziegler

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

14. Maiden name Lucia Ketter

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosetta Ziegler

(b) Address Walnut Grove Mo. R. R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 15-1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cemetery

18. (c) Signature of funeral director Gene G. Boim

(b) Address Walnut Grove Mo

19. (a) Jan-14-48 (b) Palmer Gardner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11<sup>th</sup>  
year 1948 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1948 to Jan 11 1948  
that I last saw him alive on Jan 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Maligancy Cancer of Stomach & Esophagus

Due to Stomach

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 2/6 B

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) \_\_\_\_\_ (c) Means of injury 0

23. Signature J. W. Ziegler (M. D. or other) \_\_\_\_\_  
Address Walnut Grove Mo Date signed 1-14-48

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

MOTHER, FATHER

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 12-47-3058

Date filed 1-20-48

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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.....

Lee Miller, Registered Apprentice No. 459  
working under my personal supervision.

Signed Gene A. Binn

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.