S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 236

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 19877

Registrar's No.

1. PLACE OF DEATH:

(a) County: JASPER

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

(c) Name of hospital or institution: 1906 Bird, Joplin
(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: 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: 1906 Bird
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: MARY GERTRUDE ZIEGLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: WILLIAM O. ZIEGLER

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

7. Birth date of deceased: Nov. (Month) 2 (Day) 1883 (Year)

8. AGE: Years 64 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace: Howell, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: T. C. BLAIR
13. Birthplace: IRELAD (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: MARY JACKSON
15. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant: WM. O. ZIEGLER
(b) Address: 1906 Bird, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Pk, Pittsburg, kan

18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo

19. (a) 6-14-48 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from July 7 1947 to June 12 1948 that I last saw her alive on June 12 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to: Chronic Myocardial Heart disease	1 yr
Due to: Chronic Nephritis Nitrogen edema	1 yr
Other conditions (Include pregnancy within 3 months of death): Secondary Anemia	

Major findings:
Of operations
Of autopsy

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) Nature of injury

23. Signature: (M. D. or other)

Address: 708 Miller Bldg Joplin Mo Date signed June 14 1948

(Licensed Embalmer's Statement on Reverse Side)

48-6-555

JUL 1 5 1948

AUG 4 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.