

FILED JUN 30 1948
Registration District No. 155

Primary Registration District No. 5579

19
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural Mineral Jasper
(If outside city or town limits, write "RURAL" and name of townships)

(c) Name of hospital or institution: R.R.#1 Oronogo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural Mineral Jasper 1
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles N. E. of Webb City 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Venning Ziegler

3. (b) If veteran, name war no data

3. (c) Social Security No. no data

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1948 hour 10:50 minute A. M.

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife May Ziegler

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

7. Birth date of deceased: May 22 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19 1948, to June 21 1948
that I last saw him alive on June 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>--</u>	<u>29</u>	hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace: Georgia City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business farm

MOTHER FATHER { 12. Name Healin Ziegler

13. Birthplace no data Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jackson

15. Birthplace no data no data
(City, town, or county) (State or foreign country)

16. (a) Informant Widow: May Ziegler

(b) Address R.R.#1 Oronogo, Mo.

17. (a) burial (b) Date thereof 6/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

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? _____

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Missouri

19. (a) JUNE 23; 48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (v. D. or other) _____

Address Webb City, Mo Date signed 6/23/48

48-6-519

JUL 21 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.....

Leonard J. Lewis, Jr.

Registered Apprentice No. *44*

working under my personal supervision.

Signed *Richard Gray Lewis*

Licensed Embalmer No. *4403*

P. O. Address. *Webb 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.