

MISSOURI DEPARTMENT OF HEALTH
 STANDARD CERTIFICATE OF DEATH

23326

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

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: General Hospital 1)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
 (Specify whether
 In this community 8 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. North of Oronogo
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Bertha Mae Ziegler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 23 1890
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 -- 25
 hr. min.

9. Birthplace Carl Junction, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Long

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

14. Maiden name Bernice Lockrie

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

16. (a) Informant Son Gilbert Crain

(b) Address Denver, Colo.

17. (a) burial (b) Date thereof 7/22/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

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

(b) Address Webb City, Mo.

19. (a) 7-21-48 (b) Delores Sampkins
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 18
 year 1948 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 10 - 47, 1947 to 7-18, 1948
 that I last saw her alive on 7-18 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
 Due to Chronic myocarditis
 Duration 4 yrs.

Other conditions Pyloic Stenosis
 (Include pregnancy within 5 months of death) Duration 4 yrs.

Major findings:
 Of operations _____
 Of autopsy 97

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 _____ (Specify type of place)
 (c) Means of injury 2
 Signature Delores Sampkins
 Address 7-20-48 Date signed _____

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

MOTHER FATHER

48-6-625

Oney

APR 21 1949

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..... *[Signature]*
Licensed Embalmer No. *2857*
P. O. Address. *[Signature]*

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.