

Rev. 5-17-39.
1 sheet

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43762

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 37

1. PLACE OF DEATH: Jefferson *Rock - Jeff*

(a) County Jefferson

(b) City or town Maxville

(c) Name of hospital or institution: Maxville, Mo. *Rock*

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

(d) Length of stay: In hospital or institution 50 yr (Specify whether 2)

In this community 50 yr (years, months or days)

3. (a) PRINT FULL NAME Anton Ziegler 246

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept 2 1867

(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business none

MOTHER FATHER

12. Name George Ziegler

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Germany

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. F. Lang

(b) Address Kimmswick, Mo. R21

17. (a) burial (b) Date thereof 1-2-40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maxville, Mo.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan

19. (a) DEC 31 1939 Phil J. Kirk

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Maxville

(If outside city or town limits, write "RURAL")

(d) Street No. Old Lemay Ferry Rd., Maxville

(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1939 to Dec 29 39, 19____; that I last saw in alive on 12-30, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Ch. pyocyanus

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy None

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) h

(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) (a) Means of injury _____

23. Signature Phil J. Kirk (M. D. or other) _____

Address Kimmswick, Mo. Date signed _____

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.....

Clarence G. Smoller ~, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Wilson Collins*

Licensed Embalmer No. *3887*

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, above space should be left blank.