No. 2
1-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38872

Registration District No. 410 Primary Registration District No. 4243 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: North Main Jasper Mo (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 12 years 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. North Main (If rural, give location) 0

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

DEC 10 1940

3. (a) PRINT FULL NAME Francis Joseph Zeigel

3. (b) If veteran, name war None

3. (c) Social Security No. 495-10-5738

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Dec (Month) 18 (Day) 1903 (Year)

8. AGE: Years 36 Months 10 Days 25 If less than one day ..... hr. ✓ min.

9. Birthplace Cooper Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Employed by Dry Milk Co

11. Industry or business Parking Dept. 0

FATHER
12. Name Lester Zeigel 0
13. Birthplace Cooper Co (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Kathryn Immele
15. Birthplace Cooper Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Frank Wesselman

(b) Address Booneville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 15 (Day) 1940 (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director Thos. J. Peter

(b) Address Jasper Mo

19. (a) Nov 15 1940 (Date received local registrar) (b) Clara E. Carris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1940 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him alive on November 13 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to over intoxication

Due to —

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

Major findings: Of operations —

Of autopsy Investigation

Duration

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? 855 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature A. N. Winchester Coroner (M. D. of other) 5

Address Joplin, Mo. Date signed 11-13-40

(Licensed Embalmer's Statement on Reverse Side)

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 Fred D. James, Registered Apprentice No. _____ working under my personal supervision.

Signed Fred D. James

Licensed Embalmer No. 3140

P. O. Address Jasper 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.