

FILED NOV 11 1941

Registration District No. **611**

Primary Registration District No. **5812**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Seneca**
(c) Name of hospital or institution: _____
(d) Length of stay: In hospital or institution _____
In this community **30** years

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**
(c) City or town **Seneca**
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Harris Alvern Ziegler**

3. (b) If veteran, name war 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 **Belle Smith Ziegler**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **Feb. 7th 1861**

8. AGE: Years **80** Months **7** Days **23**
If less than one day hr. _____ min. _____

9. Birthplace **Philadelphia Penn.**

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jacob Ziegler**
13. Birthplace **Penn.**
14. Maiden name **Eliza Mowrey**
15. Birthplace **Penn.**

16. (a) Informant **Belle Ziegler**
(b) Address **Seneca Mo.**

17. (a) **Burial** (b) Date thereof **9 2 1941**
(c) Place: burial or cremation **Gibson Cem Neosho Mo.**

18. (a) Signature of funeral director **Co. Case**
(b) Address **Seneca Mo.**

19. (a) **Nov 1 - 1941** (b) **Merle Sparker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **2nd**
year **1941** hour **7:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 28**, 19**41**, to **Sept 2**, 19**41**;
that I last saw him alive on **Sept 2**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac dilatation**
Due to **Toxemia from large perineal abscess**
Due to **Benign prostatic hypertrophy**
Other conditions **1270**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Very large Benign Prostate, enlarged bladder**
Of autopsy **none**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **Paul W. Walker** (M. D. or other) _____
Address **Joplin Mo.** Date signed **9-6-41**

54 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 1141-1690

Date Filed NOV 7 1941

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 Earley Thompson
Licensed Embalmer No. 3259
P. O. Address Neosho 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.