

FILED AUG 1 1942

Registration District No. **399**

Primary Registration District No. **1002**

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

78
3
8

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **K.C. MO**

(c) Name of hospital or institution **1108 Groont**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 yrs** (Specify whether years, months or days)

In this community **12 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

(c) City or town **Kansas City 48**
(If outside city or town limits, write "RURAL")

(d) Street No. **3838 Euclid**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Fred Pete Ziegler**

(b) If veteran, name war **No**

(c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **21**
year **1942** hour **6:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **19** to **19**;
that I last saw h **Crowley** alive on **19**;
and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color **W** race **W**

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

(b) Name of husband or wife **Gene May**

(c) Age of husband or wife if alive **years**

7. Birth date of deceased **May 9 1900**
(Month) (Day) (Year)

Immediate cause of death **Replaced aortic aneurysm left femoral artery**

Due to **30D**

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

8. AGE: Years **47** Months **7** Days **12** If less than one day hr. min.

9. Birthplace **K.C. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. MOTHER FATHER

12. Name **Chris Ziegler**

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

14. Maiden name **Julie Baumann**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy **see above**

16. (a) Informant **Mrs. Hartmann**

(b) Address **K.C. MO**

17. (a) Burial, cremation, or removal **Burial**

(b) Date thereof **2/25/42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Dave Drayton**

(b) Address **K.C. MO**

19. (a) **7-24-42** (Data received local registrar)

(b) **M. M. Brown** (Registrar's signature)

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? _____

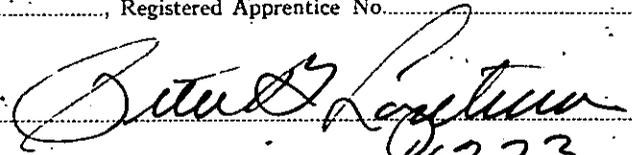
23. Signature **M. M. Brown** (Specify type of place) (M. D. or other)

Address **K.C. MO.** Date signed **7/22/42**

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



Licensed Embalmer No.

4773

P. O. Address

1500

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.