

No. 2
OM-5-43
V. 5-17-39
I X36571

FILED SEP 22 1944

Registration District No. **1944** Primary Registration District No. **1602**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
912 Locas Court
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 Hours**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Nesbraska** (b) County **Cast**
 (c) City or town **Louisville**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Oak Street.**
(If rural, give location)
 (e) Citizen of foreign country? **2** (Yes or No)
 If yes, name country **2**

3. (a) PRINT FRANCES LU ZIERS
 FULL NAME
 3. (b) If veteran, **None** name war. 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 21 1941**
(Month) (Day) (Year)

8. AGE: Years **3 2** Months **1** Days **15/12** hr. _____ min.

9. Birthplace **Omaha** **Nesbraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

MOTHER FATHER { 12. Name **David F. Ziers**
 { 13. Birthplace **Kansas City** **Kansas**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Lulla Gakeneier**
 { 15. Birthplace **Louisville** **Nesbraska**
(City, town, or county) (State or foreign country)

16. (a) Informant **David F. Ziers**
 (b) Address **Louisville, Nesbraska**

17. (a) **Removal** (b) Date thereof **9-4-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Plattsmouth Nesbraska**

18. (a) Signature of funeral director **George C. Carson**
 (b) Address **Independence, Missouri**

19. (a) **9-4-44** (b) **H. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **3**
 year **44** hour **12:10** min **10** .M.

21. I hereby certify that I attended the deceased from **Omaha** 19____
 that I last saw h_____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Crushy injury of chest**
fall from 2nd floor window

Due to _____

Due to _____

Other conditions **186a-5**
(Include pregnancy within 3 months of death)

Major findings **18**
 Of operations _____

Of autopsy **Aspiration**

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) **suicide** **177**
 (b) Date of occurrence **9/3/44**
 (c) Where did injury occur? **912 Locas Court**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? **h** (Specify type of place) (e) Means of injury **9/3/44**

23. Signature **Opeta** **3** (M. D. _____)
 Address **Kan** Date signed **9/3/44**

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

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

Floyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address *Independence*

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.