

FILED OCT 23 1945  
Registration District No. 14-6

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Independence Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community 10 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5852 Peery  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1945 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 13, 1945 to Sept 13, 1945; that I last saw him alive on Sept 12, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: auricular flutter 30 min  
Due to: arteriosclerotic heart disease years  
Due to:

Other conditions: arteriosclerotic gangrene right foot 3 days  
(Include pregnancy within 3 months of death)

Major findings: right foot PHYSICIAN  
Of operations: —  
Of autopsy: — 97  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury 0

23. Signature Vance E. Lusk, M.D.  
Address 129 W. Lexington, Independence, Mo Date signed 9/14/45

3. (a) PRINT FULL NAME HARRY L. ZIEGENHORN  
(b) If veteran, name war none  
(c) Social Security No. 487-05-5207

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Cecile Irene Ziegenhorn  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased January 13, 1897  
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 0  
If less than one day hr. min.

9. Birthplace Irrquois Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Furnace Tender

11. Industry or business Sheffield Steel Corp

12. Name Henry Ziegenhorn

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

14. Maiden name Anna Gungrith

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

16. (a) Informant Mrs. H.L. Ziegenhorn

(b) Address 5852 Peery K.C. Mo.

17. (a) Burial (b) Date thereof 9 15 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Stone

18. (a) Signature of funeral director G.O.C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) 9-14-45 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

NOV 28 1945

MAR 27 1948

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 *George S. Carson*  
Licensed Embalmer No. *2249*  
P. O. Address *Independence 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.