

DEC 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42427
Do not use this space.

1. PLACE OF DEATH

(a) County **Buchanan,** Registration District No. **35**
(b) Township **100** Primary Registration District No. **100**
(c) City **St. Joseph,** (d) Street No. **Missouri Methodist Hospital** Registered No. **1307**
(e) Length of residence in city or town where death occurred **64** yrs. **5** mos. **17** ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Rufina L. Zimmerman,**

(a) Residence, No. **1210 North 25th.** St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married,**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eugene H. Zimmerman.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 8th, 1874**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home,**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Saint Joseph,** (STATE OR COUNTRY) **Missouri,**

13. NAME **William A. P. McDonald,**
14. BIRTHPLACE (CITY OR TOWN) **Plattsburg,** (STATE OR COUNTRY) **Missouri,**

15. MAIDEN NAME **Forrestine Gower,**
16. BIRTHPLACE (CITY OR TOWN) **New Orleans,** (STATE OR COUNTRY) **Louisiana,**

17. INFORMANT **Eugene H. Zimmerman** (ADDRESS) **1210 North 25th. Str.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Mt. Mora Cem.** DATE **Dec. 27th 1938**

19. FUNERAL DIRECTOR (NAME) **Heaton Pilsbury Brown** (ADDRESS) **319 So. 10th. Str. Kansas City**

20. FILED **Dec 27 1938** **D. J. Nestlehuske** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 25, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **30** to **Dec 25**, 19**38**
I last saw h. **alive on Dec 25**, 19**38** Death is said to have occurred on the date stated above, at **10:30 a.m.**
The principal cause of death and related causes of importance were as follows:

Pneumonia (Bronchitis) Date of onset **Dec 24**
g3F1
Other contributory causes of importance: **Angina pectoris - Myocarditis Dec 20**

Name of operation **Cholec** Date of **Dec 20**
What test confirmed diagnosis? **Cholec** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** Date of injury **19**
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **No**
Nature of injury **No**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **No**
(Signed) **J. H. Altman**, M. D.
(Address) **Kansas City**

JUN 20 1945

JUN 22 1945

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, 12/25/1930

_____, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed

Frank A. Bowman

Licensed Embalmer No.

1410

P. O. Address

319 South 10 St. Joseph 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.