

REC'D FEB 27 1939

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

3979
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 7968
(b) Township _____ Primary Registration District No. 3038 Registered No. 12
(c) City Marshall (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

569 Emma Lavinia Zimmerman
(a) Residence, No. 764 West Vest 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas H. Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10th, 1864

7. AGE YEARS 74 MONTHS 2 DAYS 6 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Danville, Ky. (STATE OR COUNTRY)

FATHER 13. NAME William M. Shelton

14. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah C. Strother

16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY)

17. INFORMANT Marie Zimmerman (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Jan. 18, 1939

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis (ADDRESS) Marshall, Mo.

20. FILED 1-17-39 Mary Kent Local Registrar. 712 (Address) Marshall, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1939

22. I HEREBY CERTIFY That I attended deceased from 1-17-39 to Jan 16 1939
I last saw her alive on Jan 16 39 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Disease 15 hrs
94 B
Other contributory causes of importance: Ac. Pleurisy - 24 hrs

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Ros. M. M. D.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 6/29/39

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,

James H. Lewis

or by

Registered Apprentice No., working under my personal supervision.

Signed *James H. Lewis*

Licensed Embalmer No. 1171

P. O. Address Marshall

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.