

AUG 11 1939

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

26171
Do not use this space.

1. PLACE OF DEATH

(a) County McDonald Registration District No. 963
(b) Township Clear River Primary Registration District No. 5692
(c) or City..... (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

Sb5 Ujala May Zimmerman
(a) Residence, No. ruel mo 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 1 27

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

FATHER 13. NAME W. M. Hatton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER 15. MAIDEN NAME Georgia Sumner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (NAME) (ADDRESS) Thelma Zimmerman
Deal Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Albessa mo DATE July 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Seigling
Wheaton mo

20. FILED 7-21-1939 J. C. Alexander
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939

22. I HEREBY CERTIFY that I attended deceased from June 19, 1939 to July 19, 1939
I last saw her alive on July 19, 1939. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Appleby
valvular heart

Date of onset

Other contributory causes of importance:

Name of operation W Date of

What test confirmed diagnosis? 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) H. A. Seigling, M. D.

(Address) Ruel Missouri

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. 6,

District File Number

839-15-18

Date Filed

AUG 8 1939

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

Wm. Morris Poque

Registered Apprentice No.

working under my personal supervision.

Signed

Wm. Morris Poque

Licensed Embalmer No.

324 42

P. O. Address

Wheaton 7

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.