

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.

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28537

State File No. \_\_\_\_\_

Registration District No. 69Primary Registration District No. 5108

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Zalma Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Margaret Lucinda Zimmerman 565

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Dec. 7th 1868  
(Month) (Day) (Year)8. AGE: Years 70 Months 8 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Harrisonville, Ind.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Samuel Feltingbarger13. Birthplace Ohio  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Heisler15. Birthplace Ohio  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edith Allison(b) Address Brownberry, Mo.17. (a) Burial (b) Date thereof Aug. 20 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Baker Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 128-39 (b) Margaret Barry 70  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger  
(c) City or town Zalma  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th  
year 1939 hour 2:10 P.M. minute \_\_\_\_\_21. I hereby certify that I attended the deceased from January  
4, 1939, to August 19, 1939  
that I last saw her alive on August 19, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death apoplexy  
followed by left hemiplegia Jan. 5  
of left side Aug. 19  
Due to Essential Hypertension

Due to \_\_\_\_\_

Other conditions 87.14  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_23. Signature Dr. R. A. Smith (M. D. or other) 290Address Zalma, Mo. Date signed 8/19/39

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**