

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

42911

Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 99
 (b) Township Grant Primary Registration District No. 4061 Registered No. _____
 (c) City Polo (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 Elbert Zimmerman

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missouri Bell Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 9 22

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

12. BIRTHPLACE (CITY OR TOWN) Ray Co. Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Isaac Zimmerman
 14. BIRTHPLACE (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ann Thompson
 16. BIRTHPLACE (CITY OR TOWN) K. Y.
 (STATE OR COUNTRY)

17. INFORMANT Pearl Groves
 (ADDRESS) Polo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sandals DATE Dec. 17, 1939

19. FUNERAL DIRECTOR (NAME) Alspaugh & Cowley
 (ADDRESS) Polo Mo.

20. FILED Jan 2, 1940 Mrs. Wylie Thompson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1939, to Dec. 15, 1939.

I last saw him alive on Dec. 15, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Coronary Thrombosis Date of onset Dec. 12, 1939
Coronary Sclerosis years of
Generalized arteriosclerosis years of
 Other contributory causes of importance: Chronic Myocarditis years of

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? No
 If so, specify _____
 (Signed) J. E. Goldberg, M. D.
103 (Address) Polo, Mo.

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. 111

District File Number. 140-2855

Date Filed JAN 10 1940

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.