

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
 1 X1951

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 THE CENSUS
 FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 1002

State File No. 5558
 Registrar's No. 783

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Jackson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K. C. T. B. Hosp.
 (If for hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr. 6 mos. 4 days
 (Specify whether _____)
 In this community as above.
 years, months or days

3. (a) PRINT FULL NAME 56 Frances Zimmerman

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

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

6. (b) Name of husband or wife Stanley 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Feb. 17 1915
 (Month) (Day) (Year)

8. AGE: Years 24 Months 0 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Russell Offield

13. Birthplace Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Leta Sheeler

15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature K. C. T. B. Hosp.

(b) Address Leeds Station

17. (a) burial (b) Date thereof 2/20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Feb. 20, 1940 (b) M. H. Crowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Gallatin,
 (c) City or town Gallatin,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
 year 1940 hour 9 minute 55 M.

21. I hereby certify that I attended the deceased from Aug. 16, 1938, to February 20, 1940;
 that I last saw her alive on Feb 20, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc. Duration 12 yrs.
 Due to 23

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ PHYSICIAN _____
 Of autopsy _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
 (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?
no
 (Specify type of place) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or D. O.)
 Address [Signature] Date signed 2/20/40

Russell Corfield,

2-30
Rochester, N.Y.

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 J. B. Waters
Licensed Embalmer No. 3992
P. O. Address H.C.M.

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.