

**FILED MAR 11 1940**

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **50**

**1. PLACE OF DEATH:**

(a) County Jasper  
(b) City or town Keokuk  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
515 South Burlington 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 54 yrs  
years, months or days

3. (a) PRINT FULL NAME Johanna Zimmerman

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August 30 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 24 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Frederick Gutzl

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

14. Maiden name Anna Gutzl

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

16. (a) Informant Anna Zimmerman  
(b) Address Keokuk, Mo

17. (a) Buried (b) Date thereof Feb 22 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (c) Place: burial or cremation St. Hope

18. (a) Signature of funeral director Hedge Wilson

(b) Address Keokuk, Mo 8165

19. (a) Feb 26, 1940 (b) E. J. Mc Intire, M. D.  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper  
(c) City or town Keokuk  
(If outside city or town limits, write "RURAL")  
(d) Street No. 717 Campbell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 26  
year 1940 hour 4:05 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 18  
1940, to Feb 24 1940  
that I last saw her alive on Feb 24 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza  
Duration 1 Week

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

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

Other conditions Myocarditis  
(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) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Albert B. Wheeler, M. D. 3  
Address Keokuk, Mo Date signed Feb 26 40

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

RECEIVED

District Health Officer No. 6,

District File Number 340-777

Date Filed MAR 9 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.....

C. W. Hedge....., Registered Apprentice No.....  
working under my personal supervision.

Signed C. W. Hedge.....

Licensed Embalmer No. 2859

P. O. Address Webb City, Mo.

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.