

DECEASED MAY 17 1940
Registration District No. _____

Primary Registration District No. 4219

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Oregon
(If outside city or town limits, write "RURAL" and name of township)
(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 Three Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Winston
(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 April day 26
year 1940 hour 5 P.M.
21. I hereby certify that I attended the deceased from March 4
1940 to April 26, 1940.
that I last saw her alive on April 26, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Dist. Bacteria of Stomach
Duration About 6 months

3. (a) PRINT FULL NAME Elmeda 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 William Zimmerman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 22 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name John Heldenbrand

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

14. Maiden name Maria Koons

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

16. (a) Informant Mrs. James Castor

(b) Address Winston, Missouri

17. (a) Burial (b) Date thereof 4/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winston, Missouri

18. (a) Signature of funeral director Ralph C. Moore
(b) Address Oregon, Missouri 334

19. (a) Apr 27-1940 (b) Ralph C. Moore
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations none
Of autopsy none

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? no (Specify type of place) (e) Means of injury _____

23. Signature E. F. Murray (M. D. or other) !
Address Oregon Date signed 4/27/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 117

District File Number

540-744

Date Filed

MAY 16 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

James Pettigrew

Licensed Embalmer No.

3192

P. O. Address

Oregon 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.