S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20872

Registration District No. 3997 1940

Primary Registration District No. 1002

Registrar's No. 2489

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 2518 Forest (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MYRTLE ZIMMERMAN 565

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles J.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 16, 1894 (Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 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 At Home

FATHER
12. Name A. F. Gibson
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Chas. J. Zimmerman

(b) Address 2518 Forest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Rose & Henderson

(b) Address Kansas City, Missouri

19. (a) June 17, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1940 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 30th, 1940, to June 16th, 1940, 19..; that I last saw her alive on June 16th 1940, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Obstructive jaundice	
Due to Probable carcinoma of the head of the pancreas.	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy None

PHYSICIAN — 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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. F. DeMaria M.D. (M. D. or other)

Supt. K.C. Gen. Hospital, K.C. Mo.

Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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.