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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34404

Registrar's No. 3920

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: Lakeside Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ Weeks (Specify whether years, months or days)

In this community 40 Years

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. 646 West 70th Street (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Emilie A Zimmerschied

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. W. J. Zimmerscheid

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April (Month) 22 (Day) 1869 (Year)

8. AGE: Years 71 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business -----

FATHER
12. Name Fred Becker
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Landmann
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant W. J. Bubeitz

(b) Address 612 N. 70th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery Sedalia, Missouri

18. (a) Signature of funeral director O. W. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-10-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 15, 1940, to Oct 10, 1940; that I last saw her alive on Oct 9, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal hemorrhage — Duration 10 days

Due to Carcinoma of the Splenic flexure of colon, Kidney, left and surrounding tissue degeneration with necrosis — 1 yr. ?

Other conditions Primary seat unknown (Include pregnancy within 3 months of death)

Major findings: Of operations the above

Of autopsy not permitted

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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 H. E. Schoen (M. D. or other) D.O.

Address 243 Werby Bldg Kansas City, Mo Date signed 10-10-40

(Licensed Embalmer's Statement on Reverse Side)

243 Henry
9-1

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 Kenneth Page Sipe

Licensed Embalmer No. 4128

P. O. Address 1309 Brush Creek

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.