

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3380

Do not use this space.

1. PLACE OF DEATH

(a) County MariesRegistration District No. 1040(b) Township MillerPrimary Registration District No. 5796(c) City Near Brinktown(d) Street No. 1Registered No. 1(e) Length of residence in city or town where death occurred 7 yrs. X mos. X ds. (f) How long in U.S., if of foreign birth? X yrs. X mos. X ds.2. PRINT FULL NAME Clara Zimmer(a) Residence, No. Maries County, Miller Twp. Mo

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

f

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJoseph Henry Zimmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 6 1918

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, X hrs.
or X min.22419

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Housekeeper9. Industry or business in which work
was done, as saw mill, bank, etc.in own home.10. Date deceased last worked at
this occupation (month and
year)Jan 193911. Total time (years)
spent in this
occupation 3 yr12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Osage County
Missouri

FATHER

13. NAME Sebastian Brandel14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Osage County
Missouri

MOTHER

15. MAIDEN NAME Katie Koerber16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Viemas,
Missouri17. INFORMANT
(ADDRESS)Joseph Zimmer
Brinktown, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Garden AngelDATE 1-27

1941

19. FUNERAL DIRECTOR
(ADDRESS)H H Strop
metam

20. FILED

1-27

1941

CWWinkelman
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25 194122. I HEREBY CERTIFY, That I attended deceased from
Jan 24, 1941 to Jan 25, 1941I last saw her alive on January 25, 1941 Death is said
to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis March 1939

Date of onset

Other contributory causes of importance:

Name of operation X Date of XWhat test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19XWhere did injury occur? X

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Winkelman
Brinktown, Missouri

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2924

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed H. H. Sharp

Licensed Embalmer No. 2924

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.)