

Registration District No. **318**

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution:
1418 E. McDaniel *U /*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **14 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lydia Zimmerman**

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 **Widowed**

6. (b) Name of husband or wife **Robert E. Zimmerman**

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

7. Birth date of deceased **August 24, 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	2	0 hr. min.

9. Birthplace **Troy Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **In Home**

MOTHER FATHER {

12. Name **William Wykert**

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

14. Maiden name **Unknown Unknown**

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

16. (a) Informant **Mr. Richard Macomber**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **10/26/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **10-24-41** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield,**
(If outside city or town limits, write "RURAL") **2**

(d) Street No. **1418 E. McDaniel**
(If rural, give location) **0**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24,**
year **1941** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **only on**
9/29 & 10/5, 19 **41** to 19.....
that I last saw her alive on **10/5/41** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Large abdominal tumor (possibly malignant and possibly pelvic in origin)**

Duration **?**

Due to

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **None**

Of operations **None**

Of autopsy **None**

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?.....

While at work? (Specify type of place).....

(e) Means of injury.....

Signature **W. E. Handley** (M. D. or other) **W. E. Handley**

Address **Springfield, Mo.** Date signed **10/24/41**

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

9
2
6

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

Wayne Zentile

Licensed Embalmer No. *5444*

P. O. Address

Springfield, 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, fact should be so stated above.

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