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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37554

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4349

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: Research Hospital, 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community 53 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri, (b) County Jackson, 3 8

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

(d) Street No. 5439 Woodland, 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Henrietta L. Zimmer,

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife E. G. Zimmer,

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

7. Birth date of deceased March (Month) 16 (Day) 1867 (Year)

8. AGE: Years 74 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Ohio, (City, town, or county) 1 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Christian Linn,
13. Birthplace (City, town, or county) Germany, 4 (State or foreign country)

MOTHER
14. Maiden name Elliger,
15. Birthplace (City, town, or county) Germany, 4 (State or foreign country)

16. (a) Informant E. G. Zimmer,

(b) Address 5439 Woodland, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 11-25-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-24-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 year 1941 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to Nov. 22, 1941, that I last saw her alive on Nov. 22, 41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Hypostatic Pneumonia	
Due to Carcinoma of Rt. Breast resulting in extensive lymphatic metastasis	50
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy yes

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) no

(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 0

23. Signature B. L. Myers (M. D. or other)

Address 815 Sheffield Bldg Date signed 11-2

(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. 1415

P. O. Address K. P. Mo.

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

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