

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13816

State File No. ....

FILED MAY 3 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 392

1. PLACE OF DEATH:

(a) County Buchanan,  
(b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 50 years, years, months or days)

3. (a) PRINT FULL NAME Jessie B. 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, 2 divorced Widowed,

6. (b) Name of husband or wife Albert B. Zimmerman alive years

7. Birth date of deceased November 4, 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Pawnee, Nebraska, (City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

12. Name Benjamin F. Hill,

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

14. Maiden name Ella R. McCasland,

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

16. (a) Informant Albert B. Zimmerman

(b) Address 312 No. 17th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director

(b) Address 319 So. 10th. Street, Home

19. (a) 4-8-43 (Date received local registrar) (b) Rae Henry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan  
(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 312 North 17th.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1943 hour 3 minute 30 M.

21. I hereby certify that I viewed the deceased on April 7th 1943 to April 7th 1943 that I last saw him alive on April 7th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis 1 day.

Due to Cirrhosis of the liver 2 yrs.

Due to Woman died suddenly about eight hours after she entered a local hospital following an

Other conditions (Include pregnancy, if 3 months or more)

Major findings

Of operations

Of autopsy

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) 124P

(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

23. Signature H F Mundy (M. D. or other) Coroner

Address 404 So. 3d Date signed 4/7/43

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

**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 4/6-43

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Frank A. Bouman

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.**