

No. 2
-13-40
17-39
X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28311
Registrar's No. 629

Registration District No. 128

Primary Registration District No. 200D

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 DAY years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright
(c) City or town Mansfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME MAX William ZIMMERMAN
3. (b) If veteran, name war None
3. (c) Social Security No. Link

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 4 year 1943 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from Aug 3rd to Aug 4th, 1943, and that death occurred on the date and hour stated above.

4. Sex MALE Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Aug 17 1924
(Month) (Day) (Year)

Immediate cause of death Pneumonia Lobar
Due to diabetes mellitus
Duration 2 1/2 hrs

8. AGE: Years Months Days If less than one day
18 11 20 hr. min.

Due to _____
Other conditions (include pregnancy within 3 months of death) none
Major findings: Of operations _____
Of autopsy Pneumonia Lobar

9. Birthplace NEWTON IOWA
(City, town, or county) (State or foreign country)
10. Usual occupation TRUCK DRIVER
11. Industry or business M.F.A. MANSFIELD MO
12. Name LUTHER ZIMMERMAN
13. Birthplace LYNVIIP IOWA
(City, town, or county) (State or foreign country)
14. Maiden name MARIE GILBERT
15. Birthplace NEWTON IOWA
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Pneumonia Lobar

16. (a) Informant LUTHER ZIMMERMAN
(b) Address MANSFIELD MO
17. (a) BUYER (b) Date thereof 8-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MANSFIELD CEM
18. (a) Signature of funeral director G. C. Stoffe
(b) Address MANSFIELD MO
19. (a) 8-4-43 (b) S. W. Hurd
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Walter R. Wells (M. D. or other)
Address Springfield, Mo. Date signed 8/4/43

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(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

F. C. Steffe

Licensed Embalmer No.

3221

P. O. Address

Manfull Rd

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.