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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 116

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

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: Reid Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Cainsville Mo 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME David R. Zimmerman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 12 (Day) 1866 (Year)

8. AGE: Years 77 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Harrison County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Henry Zimmerman
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Virginia Neghbarger
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Pearl Girdner
(b) Address Cainsville, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview cemetery

18. (a) Signature of funeral director [signature]
(b) Address Cainsville, Missouri.

19. (a) Oct. 29-1943 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25 year 1943 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from Oct 21 st 1943 to Oct 25 1943 that I last saw him alive on Oct 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

Due to —

Due to —

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

Major findings:
Of operations —

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

46 b

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature D. G. Reid (Dr. or other) D.O.

Address Bethany, Mo. Date signed 10-25-43

305 (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

Eddie J. Stoklasa Registered Apprentice No.

working under my personal supervision.

Signed E J Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.