

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

LED JAN 5 1943
Registration District No. 448

Primary Registration District No. 1000

Registrar's No. 1415

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hosp. No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mts 4 days
In this community 10 mts 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

FRANK ZIMMERMAN

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 3 years (Month) (Day) (Year)
7. Birth date of deceased Jan 3 1876 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 18 3 hr. 45 min.

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

10. Usual occupation Printer

11. Industry or business

12. Name Judson Zimmerman
13. Birthplace Delaware Ohio (City, town, or county) (State or foreign country)
14. Maiden name HATTIE WALKER
15. Birthplace DELEWARE OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Ida Zimmerman
(b) Address 309 Myrtle, Stereotype Union

17. (a) Cremation (b) Date thereof 12-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem. R. 8. Mo

18. (a) Signature of funeral director Benny Funeral Home
(b) Address 224 South 10th St. St. Joseph Mo

19. (a) 12-27-43 (b) Are Skiff (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kalacass City (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1943 hour 3 minute 45 A.

21. I hereby certify that I attended the deceased from December 19th 1943, to Dec 22 1943 that I last saw him alive on December 21 1943 and that death occurred on the date and hour stated above.
Immediate cause of death Broncho-Pneumonia (Duration 3 days)

Due to Cerebral Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 101

Major findings: Of operations.

Of autopsy: Broncho Pneumonia

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)
(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 Dr. E. Skiff (M. D. or other) Address State Hospital 2 St. Joseph Mo Date signed 12-27-43

JAN 2 01944

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.....

working under my personal supervision.

Not Embalmed
Registered Apprentice No.....

Signed.....

Lou Clark
Licensed Embalmer No.....

P. O. Address.....

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.