

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43337

FILED JAN 10 1944 74

State File No. _____
Registrar's No. 386

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 12 days In hospital or institution (Specify whether
In this community 9 months years, months or days)

3. (a) PRINT FULL NAME Harland Zimmerschied
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1 - 1934 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 7 14 — hr. — min.

9. Birthplace Lafayette Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Child in School

11. Industry or business _____
12. Name George F Zimmerschied
13. Birthplace Pettis Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Caroline Green
15. Birthplace Benton Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant George Zimmerschied
(b) Address Sedalia Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Jerrett
(b) Address Sweet Springs Mo

19. (a) 12-18-1943 (Date received local registrar) (b) Mrs Anna Reigel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pettis
(c) City or town LA MONTE (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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 15 year 1943 hour 145 minute P M.
21. I hereby certify that I attended the deceased from Dec 4, 1943, to Dec 15, 1943,
that I last saw him alive on Dec 15, 1943,
and that death occurred on the date and hour stated above.
Immediate cause of death Malignant Endocarditis Duration 3 wks

Due to etiology unknown

Due to _____

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

Major findings: Of operations 9/10 Of autopsy _____
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) (a) Means of injury _____
23. Signature A. L. Walter (M. D. or other) MO
Address Sedalia Mo Date signed 12-15-43

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-44

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.

Signed

Jesse Harvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs, 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.