

Registration District No. 230194

Primary Registration District No. 3043

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

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Elizabeth 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
 (d) Street No. 2100 Valley
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Anna Zimmer
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 30
 year 1944 hour 4 minute 45 A. M.
 21. I hereby certify that I attended the deceased from Mar 6th 1944 to Mar 30 1944
 that I last saw her alive on Mar 29 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jacob Zimmer 6. (c) Age of husband or wife if alive 88 years
 7. Birth date of deceased December 21, 1864
(Month) (Day) (Year)

Immediate cause of death Cysto-nephritis
 Duration 4 WEEKS
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

8. AGE: Years Months Days If less than one day
79 3 9 hr. min.

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER {
 12. Name Jacob Hubb
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. R. C. Hubb
 (b) Address 808 Park Ave.

17. (a) Burial (b) Date thereof April 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet
 18. (a) Signature of funeral director M. Smith
 (b) Address 902 Broadway

19. (a) 4-12-44 (b) R. H. Connor
(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?
(Specify type of place)
 While at work?..... (e) Means of injury.....
 23. Signature E. R. Motley (M. D. or other) 1
 Address Hannibal, Mo. Date signed 3/31-44

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

1146

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 George T. Bond

Licensed Embalmer No. 4373

P.O. Address Hannibal, 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.