

FILED APR 28 1945

State File No. _____

Registration District No. 43

Primary Registration District No. 1000

Registrar's No. 447

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo. 5 days
In this community 73 yrs, 8 mos. 11 days
(Specify whether years, months or days)

3. (a) PRINTED FULL NAME Eugene Hawley Zimmerman

3. (b) If veteran, name war None,
3. (c) Social Security No. 409-12-2302

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Rufina L. McDonald Zimmerman 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased June 12th. 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 11 hr. min.

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

10. Usual occupation Vice Pres't.

11. Industry or business Tootle-Lacy National Bank

12. Name Eugene C. Zimmerman,
13. Birthplace Maryland, (City, town, or county) (State or foreign country)
14. Maiden name Ada Hawley,
15. Birthplace Detroit, Michigan, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lura Story,
(b) Address 1210 North 25th. Street,
Burial (b) Date thereof 4/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Mount Mora Cemetery

18. (a) Signature of funeral director John J. Baker
(b) Address 319 So. 10th. Street,
19. (a) 4/24/45 (b) John J. Baker
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")
(d) Street No. 1210 North 25th. Street, (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country O

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd.
year 1945. hour 12:00 minute 35p.m.

21. I hereby certify that I attended the deceased from 1/19/45, 19 , to 4/23/45, 19 ;
that I last saw him alive on 4/23/45, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 4 da.

Due to Arteriosclerosis, general
Heart Disease, arteriosclerotic
and hypertensive; enlargement
of heart; Myocardial insufficiency;
Nephritis, chr. glomerular
Other conditions Right hemiplegia, partial
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1316
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)
(c) Means of injury _____
23. Signature John J. Baker (M. D. or other) _____
Address St. Joseph, Mo. Date signed 4/24/45

OCT 10 1941

MAY 16 1945

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

Licensed Embalmer No. 1710

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.