

State File No. 65

Registrar's No. 65

Registration District No. 70

Primary Registration District No. 4124

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

1. PLACE OF DEATH

(a) County Clark

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

(c) Name of hospital or institution:
(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 Clark 2?

(c) City or town Kahoka
(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 _____

3. (a) PRINT FULL NAME George W. Zimmerman

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month Oct day 8th
year 1946 hour 8 minute P M.

4. Sex M. O 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Blum (or Age of husband or wife if alive 86 years)

7. Birth date of deceased Sept 2 1861
(Month) (Day) (Year)

I hereby certify that I attended the deceased from Oct 1 - 1946 to Oct 8 - 1946, 1946
that I last saw him alive on Oct 8 - 1946, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 1 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Angina pectoris

Duration _____

9. Birthplace New York City N.Y.
(City, town, or county) (State or foreign country)

Due to Coronary Sclerosis

Due to _____

10. Usual occupation Retail Merchant

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

11. Industry or business _____

12. Name Leonard Zimmerman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Reigler

15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations 94B

Of autopsy _____

16. (a) Informant Henry Zimmerman

(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 10-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cem.

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? _____

18. (a) Signature of funeral director Fred J. Karle

(b) Address Kahoka Mo.

19. (a) 11-4-46 (b) J. R. Bridges
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury C

23. Signature J. R. Bridges (M. D. or other) _____
Address Kahoka Mo. Date signed 11-4-46

RECEIVED
District Health Officer No. 10
District No. 11-46-26
Date Filed -- NOV 26 1946

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..... *Fred J. Krole*

Licensed Embalmer No. *1023*

P. O. Address..... *Kahoka 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.

Registration District No. 70 Primary Registration District No. 4124

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

1. PLACE OF DEATH:

(a) County Clark

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME George W Zimmerman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 2
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

17. (a) Nov 11 1948 (b) J R Bridges
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

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.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

36389