

No. 2  
-2-43  
5-17-39  
335627

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26530**

FILED JUL 26 1947

Registration District No. **352**

Primary Registration District No. **4577**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Janey**  
(b) City or town **Branson**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Home - 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 years**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **Gordon Wilder Zimmer**

3. (b) If veteran, name war  
3. (c) Social Security No. **459-01-9225**

4. Sex **Males** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Vella Edith Zimmer**  
6. (c) Age of husband or wife if alive, years **28**  
7. Birth date of deceased **Sept 28 1905**  
(Month) (Day) (Year)

8. AGE: Years **54** Months Days If less than one day  
hr. min.

9. Birthplace **Butler MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cleaning Business**

11. Industry or business

12. Name **Henny E. Zimmer**

13. Birthplace

14. Maiden name **Paul E. Zimmer**

15. Birthplace

16. (a) Informant **Mrs. Vella Zimmer**

(b) Address **Branson MO**

17. (a) **Buried** (b) Date thereof **6-22-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Branson MO**

18. (a) Signature of funeral director **R. O. Whelshel**

(b) Address **Branson MO**

19. (a) **6-25-47** (b) **J. E. Cogswell**  
(Date received local registrar) (Registrar's signature) **371**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Janey**  
(c) City or town **Branson**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **MO**  
(If rural, give location)  
(e) Citizen of foreign country? **USA** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**  
year **1947** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **A.M.**  
**JUNE 20** 19**47** to **P.M. JUNE 20** 19**47**  
that I last saw h. **l.m.** alive on **JULY 20** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **GENERALIZED**  
**PARANORMAL CARCINOMATOSIS**  **YES**

Due to  
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: **BARNES Hosp. Sr. Information**  
Of operations **REQUESTED**  
Of autopsy

ADDITIONAL  
SUPPLEMENTARY  
INFORMATION  
REQUESTED

Duration  
**YES**  
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 **Hallie Morrison** (M. D. or other health officer)  
Address **Branson MO** Date signed **JUL 15 1947**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6

District File Number 747-791

Date Filed JUN 23 1947

AUG 8 1956

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 *Minnie L. Welchel*

Licensed Embalmer No. 2277

P. O. Address *Bramson M*

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. 352

Primary Registration District No. 4517

1. PLACE OF DEATH:

(a) County Janey  
(b) City or town Branson  
(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

3. (a) PRINT FULL NAME Guden W. Zimmer

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 \_\_\_\_\_

7. Birth date of deceased Sept 28 (Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

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 \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (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 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 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 \_\_\_\_\_

According to Mrs. Zimmer the primary source of the carcinoma was in the Sigmoid Colon. I attended the patient only due to terminally. For a complete report I would suggest that you contact Dr. Duff Allen of St. Louis, Mo. He performed several operations on Mr. Zimmer.

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? \_\_\_\_\_

23. Signature \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_ (M. D. or other) \_\_\_\_\_ Date signed 8/1/47

SUPPLEMENTARY

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

26530