

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40808

State File No. _____

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
302 E. L. ve
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Albert F. Zimmerchied

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Zimmerchied 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan 11, 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 9 If less than one day
hr. _____ min. _____

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

10. Usual occupation Druggist

11. Industry or business _____

12. Name Adam Zimmerchied 9

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

14. Maiden name Stein (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. A. F. Zimmerchied

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 12, 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Mo

18. (a) Signature of funeral director Charles Arnold

(b) Address Mexico, Missouri

19. (a) 12/32/1947 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain 4
(c) City or town Mexico
(If outside city or town limits, write "RURAL") 2
(d) Street No. 302 E. L. ve
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1947 hour _____ minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 16, 1947 to Dec, 1947;
that I last saw him alive on Dec 20, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma Stomach

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Frank Geller (M. D. or other) 0

Address Mexico, Mo Date signed 12/22/47

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1948

VS
SEP 16 1968

RECEIVED
District Health Officer No. 10
District File Number 12-47-183-
Data Filed DEC 31 1947

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 Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.