

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15525

State File No.

FILED MAY 18 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 537

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3007 Edmond St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Tellesfor F. Zimmerman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Barbara Edith Zimmerman 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased February 28 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>1</u>	<u>85</u>	<u>2</u>	<u>12</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Zimmerman
13. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Rosena Arn
15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Duke
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amazonia, Mo.

18. (a) Signature of funeral director Heaton - Bowman
(b) Address St. Joseph, Mo.

19. (a) May 13, 1948 (b) B. B. Jenkins
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3007 Edmond Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 15-48
to May 8 1948
that I last saw him alive on May 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Chronic myocarditis
Dilated cardiomyopathy
Due to Chronic myocarditis
Dilated cardiomyopathy
Due to Chronic myocarditis
Dilated cardiomyopathy
(Known & likely)

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

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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?

(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 W. J. Smith
Address 411 Kentucky Bldg Date signed 5/10/48

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

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. 3804

P. O. Address 319 So 10th, St. Joseph, 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.