

No. 2
-1/47
5-17-39

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34281**

FILED OCT 28 1947

Registration District No. **137**

Primary Registration District No. **3023**

Registrar's No. **220**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **30820 Allen St 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 years** (Specify whether
In this community **3 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** **42**
(c) City or town **Clinton** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **30820 Allen St** **2**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **BARBARA M. ZIMMERMAN**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Female** 5. Color of race **white**
6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Edmond R Zimmerman** 6. (c) Age of husband or wife if alive **95** years
7. Birth date of deceased **Dec 29 - 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **21** If less than one day
hr. min.

9. Birthplace **Clatha, Kans 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Minor B. Graham**

13. Birthplace **New York 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth S. Williams**

15. Birthplace **Ohio 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Ramsey**

(b) Address **Clinton Mo**

17. (a) **Burial** (b) Date thereof **10-22-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **Concalus + Beck**

(b) Address **Clinton Mo**

19. (a) **10-23-47** (b) **R R Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **20**
year **1947** hour **8** minute **45 AM**

21. I hereby certify that I attended the deceased from **10-15-47** to **10-20-47**
that I last saw **h.a.e.** alive on **10-20-47** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **4 hrs**

Due to **cerebral hemorrhage** **10 days**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **AAA**
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? (Specify type of place) **2**

While at work? (e) Means of injury

23. Signature **R. J. Powell** (M. D. or other) **DO**

Address **Clinton Mo** Date signed **10/21/47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District Health Officer
Number 9-47-1254
Date filed 10-27-47

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.....

R. R. Kenney 3099 Registered Apprentice No.....
working under my personal supervision.

Clinton mo

Signed.....

J. E. Conzalez
Licensed Embalmer No. *7891*

P. O. Address *Clinton 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.