

REC'D JAN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42285
Do not use this space.

1. PLACE OF DEATH

(a) County Benton Registration District No. 59
(b) Township Williams Primary Registration District No. 5094 Registered No. 40
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

5702 Mrs Margaret Zimmerschied
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Zimmerschied		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-3-1861</u>		
7. AGE YEARS 77	MONTHS 4	DAYS 18 IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Creek Missouri		
FATHER	13. NAME John C Traugott	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Katherine M Harms	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT <u>Mrs Bertha Zimmerschied</u> (ADDRESS) <u>Lora A. R F D</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holy Cross Cem</u> DATE <u>12-23-38</u>		
19. FUNERAL DIRECTOR (NAME) <u>Etzschke</u> (ADDRESS) <u>Cole Camp 110</u>		
20. FILED <u>12-22</u> 19 <u>38</u> <u>Sue Selover</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-13- 1938, to 12-21- 1938
I last saw her alive on 12-20 1938 Death is said to have occurred on the date stated above, at 12:10 AM
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset Don't know

Other contributory causes of importance: 121

Name of operation None Date of 5
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Nope
(Signed) HP Yealey M. D.
63 (Address) Cole Camp Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14023

RECEIVED
District Health Officer No. 71
District File Number 7-37-106
Date Filed 1-12-39

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..... *E. L. Erickhoff*

Licensed Embalmer No..... 230

P. O. Address.....

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, above space should be left blank.