

No. 2  
11-10-35  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH 42-1-2861

State File No. 2861

Registration District No. 400

Primary Registration District No. 5553-B

Registrar's No. 5

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Lees Summit  
(c) Name of hospital or institution:  
230 So Main  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Lees Summit  
(d) Street No. 230 So Main St  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ozela Zimmerman  
3. (b) If veteran, name war no 3. (c) Social Security No. 490-16-0290

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 4  
year 1941 hour 4 minute 55 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joseph H. Zimmerman 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Feb 19-1869

21. I hereby certify that I attended the deceased from Dec 26 - 1940 to Jan 4 - 1941  
that I last saw her alive on Jan 4 - 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 10 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Hypertensive Cardiovascular Disease with Arrhythmia Due to fibrillation  
Due to 9:30 P  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Elizabeth Town Ky. 1

10. Usual occupation Own Home

11. Industry or business Home

12. Name A. W. Crum

13. Birthplace Unknown Ky. 1

14. Maiden name Eliza Hopkins

15. Birthplace Unknown Ky. 1

16. (a) Informant Mr. T. B. Steele

(b) Address Overland Park Kansas

17. (a) Burial (b) Date thereof 2-6-41  
(c) Place: burial or cremation Forest Hill, N.S. Mo

18. (a) Signature of funeral director N. B. Langford  
(b) Address Lees Summit Mo

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? 9:30 (Specify type of place) \_\_\_\_\_  
(e) Manner of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed 1/6/41

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

MOTHER FATHER

**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

*W.B. Langford*

Licensed Embalmer No.

*3833*

P. O. Address

*Lee's Summit, 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, above space should be left blank.**