V. S. No. 2
50M—5-42
Rev. 5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

Registration District No. 25

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5094

McBee 5764

State File No.

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Bates

(b) City or town RURAL OSAGE TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
In this community 45 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates

(c) City or town Rural - Rich Hill Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1 Mi South Town.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Frederick George Zimmerman

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Bertha Ritter

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased APRIL (Month) 9 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	9	7	hr. min.

9. Birthplace Gerlingen (City, town, or county) Germany (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name Fred Zimmerman
13. Birthplace Gerlingen (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Yaegle
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Preuss
(b) Address Phillipsburg Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran - Rich Hill

18. (a) Signature of funeral director Bertha J.
(b) Address Rich Hill Mo.

19. (a) Jan 17 43 (Date received local registrar) (b) Mrs. O. W. Sidwell (Registrar's signature)

1302

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16 year 1943 hour 230 minute P. M.

21. I hereby certify that I attended the deceased from January 10 Th 1943, to January 16 1943; that I last saw him alive on January 15th 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cardosis

Due to Cerebral Thrombosis

Due to Apoplexy - Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

83 b

Duration

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? (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)

While at work? (e) Means of injury

23. Signature Taylor R. McBee (M. D. or other) D.O.

Address Erke Bldg. Rich Hill Mo. Date signed 1-20-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-43-90
Date Filed 2-8-43

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 John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Ind

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.