S. No. 2
M—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21850

FILED JUL 8 1943

Registration District No. 76383 Primary Registration District No. 5655 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri State Sanitorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11 0

(c) City or town St Joseph 0
(If outside city or town limits, write "RURAL")

(d) Street No. R 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Etheleda Zimerman

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 5 (Day) 1879 (Year)

8. AGE: Years 63 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Wallace (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Melton Ellison
13. Birthplace Mt Sterling (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Catherine M Thomas
15. Birthplace Wallace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant E McMichael
(b) Address Mt Vernon Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb (Month) 3 (Day) 43 (Year)
(c) Place: burial or cremation Troy Kansas

18. (a) Signature of funeral director Geo B. Orr
(b) Address Mt Vernon Mo

19. (a) 2/4/43 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1943 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 25, 1943, to Feb 2, 1943
that I last saw her alive on Feb 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toc Embaloson	Sudden
Due to	
Due to	
Other conditions Convey Silvus (Include pregnancy within 3 months of death)	

94a

Major findings:
Of operations
Aurcolas Fibroidon
Of autopsy

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 0

23. Signature Chas A Brasher (M. D. or other)
Address Mt Vernon Mo Date signed 2/2/43

1339

(Licensed Embalmer's Statement on Reverse Side)

I hereby certify this is a true copy of the death certificate of Ethelredu Jennings on file in my office

Andy Crawford
Local Registrar
Reg Dis. 176
Primary # 3037

JUL 8 - 1949

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.....

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, fact should be so stated above.