

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 6 1944  
134

Registration District No. 134

Primary Registration District No. 4208

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Cainsville  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 75 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Cainsville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Charley Lewis Zimmerman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy Zimmerman

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 31 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>5</u>	<u>24</u>	hr. min.

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

10. Usual occupation Retired Laborer

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Henry Zimmerman

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Neghbarger

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

16. (a) Informant William Zimmerman

(b) Address Chariton, Iowa

17. (a) Burial (b) Date thereof Feb. 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zooz Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Cainsville, Missouri

19. (a) 3-1-44 (b) S. P. Shaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th  
year 1944 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb. 19 1944 to Feb. 25 1944  
that I last saw him alive on Feb. 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 1

23. Signature D. H. Huff (M. D. or other) \_\_\_\_\_

Address Cainsville, Missouri Date signed 2/26/44

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

41  
0  
0

41

0

0

1125

---

---

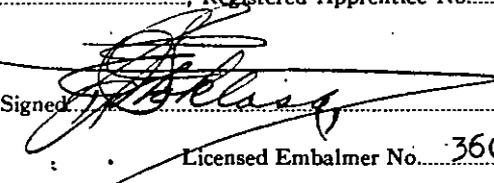
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Eddie J. Stoklasa.....

Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 3602.....

P. O. Address Cainsville, Missouri.

**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.**