U. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23950

FILED AUG 9 1944

Registration District No. 1449 | Primary Registration District No. 1002 | Registrar's No. 3058

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Research Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. 10 Min. (Specify whether years, months or days)
In this community 2 hrs. 10 Min.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No.: 2938 Brighton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John Anthony Zimmerman

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: 0 male

5. Color or race: white 0

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 23 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day: 2 hr. 10 min.

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

10. Usual occupation: infant

11. Industry or business:

FATHER
12. Name: Robert Zimmerman
13. Birthplace: Butler (City, town, or county) Ind. 1 (State or foreign country)

MOTHER
14. Maiden name: Virginia Bellabrose
15. Birthplace: Kansas City (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Robert Zimmerman
(b) Address: 2938 Brighton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Marys

18. (a) Signature of funeral director: Passantino Bros.
(b) Address: K. C. Mo.

19. (a) 7-24-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1944 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 22, 1944 to July 23, 1944 that I last saw him alive on July 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: hemorrhage into bowel and peritoneal cavity

Due to: replaced congenital herniation of intestines

Due to: 1579

Other conditions: congenital atresia of portion of jejunum, dilated duodenum, herniation of intestines.
(Include pregnancy within 3 months of death)

Major findings: Of operation: same and atresia of portion of jejunum & dilated duodenum
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: J. G. Montgomery (M. D. or other) M.
Address: Professional Bldg. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

726

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.