

No. 2
M-5-43
5-17-39
I X36671

State File No. _____

FILED OCT 15 1945

Registration District No. _____

Primary Registration District No. 3048

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution St. Francis 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community About 2 1/2 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 123 N. Charles 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Amelia Zimmerman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 18th, day _____, year 1945 hour 6 AM minutes 15 M.

21. I hereby certify that I attended the deceased from Sept 18 1945 to Sept 18 1945 that I last saw her alive on Sept 18 and that death occurred on the date and hour stated above.

4. Sex F 1 5. Color or race w 6. (a) Single, widowed, married, divorced w 2

6. (b) Name of husband or wife John Anthony Zimmerman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 21 1880
(Month) (Day) (Year)

Immediate cause of death Sudden Cerebral Haemorrhage

Due to cause unknown

Due to _____

8. AGE: Years 65 Months 0 Days 27 If less than one day hr. _____ min. _____

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Helper at St. Francis Hospital

11. Industry or business _____

MOTHER FATHER { 12. Name Christen Schermann

{ 13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Appolonia

{ 15. Birthplace Lacona, Prussia Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant C. J. Zimmerman

(b) Address Maryville Mo

17. (a) Burial (b) Date thereof 9-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys.

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Maryville, Mo.

19. (a) Sept 22, 1945 (b) Kloss Holt
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Chas. T. Beece (M. D. or other) L. M. A.

Address Maryville Mo. Date signed 9/20/45

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

JAN 25 1948

MAY 3 1950

OCT 8 1951

FEB 2 1951

DEC 1 1953

JUN 2 1954 RECEIVED

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.

RECEIVED
District Health Officer No. 11,
District File Number.....
Date Filed.....

Signed *Margaret Campbell*
Licensed Embalmer No. *4392*
P. O. Address *Maryville, 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, fact should be so stated above.