S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38783

Registration District No. 338 Primary Registration District No. 450Y Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bloomfield
(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 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Bloomfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ENOS ZIMMERMAN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Zimmerman
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct (Month) 17 (Day) 1901 (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	1	4	hr. min.

9. Birthplace Bloomfield Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Factory worker
11. Industry or business
FATHER
12. Name Zaug Zimmerman
13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Clark
15. Birthplace Bloomfield Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Edna Zimmerman
(b) Address Bloomfield Mo
17. (a) Burial (b) Date thereof 11/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grand Hill
18. (a) Signature of funeral director Watkins Fun. Home
(b) Address Bloomfield Mo
19. (a) 11/26/45 (b) Pearl Elmore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1945 hour 11 minute 45 p M.
21. I hereby certify that I attended the deceased from Nov 17, 1945, to Nov 21, 1945
that I last saw him alive on Nov 21, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC INTERSTITIAL NEPHRITIS	?
Due to	
Due to	
Other conditions BRONCHO PNEUMONIA (Include pregnancy within 3 months of death)	1 wk.

Major findings:
Of operations —
Of autopsy —

131 b

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 Ha. Harris (M. D. or other) MD
Address Bloomfield Mo Date signed Nov 24, 1945

1130

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1245-2369
Date Filed 12-8-45

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 Lyman Steele
Licensed Embalmer No. 2476
P. O. Address Dexter 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.