

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 16 1946

Registration District No. ....

Primary Registration District No. ....

4019

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 64 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Zimmerman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 2 years

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

8. AGE: Years Months Days If less than one day

87 6 22 hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. William Zimmerman

(b) Address Benton City, MO.

17. (a) Burial (b) Date thereof June 5, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City Mo

18. (a) Signature of funeral director Earl E. Pugh

(b) Address Mexico, Mo.

19. (a) July 6, 46 (b) Mrs Joe Carter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Benton City  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2  
year 1946 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from JAN  
1946 6-2- 46

that I last saw h. or alive on 5-20- 46  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio nephritis

Due to Hypertention

Other conditions Senile dementia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 3/10

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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? Front Jolley (c) Means of injury 0740

23. Signature Front Jolley (M. D. or other)

Address Mexico, Mo. Date signed 6/14

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

..... **Earl E. Precht** , Registered Apprentice No.....  
working under my personal supervision.

Signed *Earl E. Precht* .....

Licensed Embalmer No. **3189** .....

P. O. Address. **Mexico, 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.**