S. No. 2
M—5-43
. 5-17-39
o 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. 4095

FILED MAR 14 1947

Registration District No. [illegible] Primary Registration District No. 1000 Registrar's No. 321

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Brown County

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

(d) Street No. R.F.D. #2. Hiawatha, Ks.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ross Ruben Zimmers

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 Minerva Zimmers

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 21 (Day) 1881 (Year)

8. AGE: Years 65 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Adam Zimmers
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Annette Evarets
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Lucile Swearingen
(b) Address R.F.D. #2. Hiawatha, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hiawatha, Kans.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-11-47 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1947 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 4-47, 19..., to " 8-, 1947, that I last saw him 1m alive on 3-4-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Mesentery & stomach	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Paul Forgrave (M. D. ~~or other~~)

Address St. Joseph, Mo Date signed 3-8-47

382 (Licensed Embalmer's Statement on Reverse Side)

MAR 20 1947

OCT 21 1948

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 Elbert L. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.