

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 832

FILED FEB 6 1948
128

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 74

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
SPRINGFIELD BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs
(Specify whether years, months or days)

In this community 3 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DALLAS³⁰

(c) City or town PLAD "RURAL"³
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME DAVID WAYNE ZIMMERMAN

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 SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased NOV 22 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>-</u>	<u>2</u>	<u>2</u>	hr. min.

9. Birthplace DALLAS CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name JOHN ZIMMERMAN

13. Birthplace DALLAS CO MO
(City, town, or county) (State or foreign country)

14. Maiden name DOROTHY MCCOLLOUGH

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

16. (a) Informant JOHN ZIMMERMAN

(b) Address PLAD MO

17. (a) BURIAL (b) Date thereof 1-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE

18. (a) Signature of funeral director L B JONES

(b) Address BUFFALO MO

19. (a) 1-31-48 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 24
year 1948 hour 7:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 24, 1948 to Jan 24, 1948
that I last saw him alive on 24 Jan, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death 1st 2nd + 3rd Degree burns of face neck hands

Duration 7 hrs

Due to _____

Due to _____

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

Major findings:
Of operations 1st 2nd 3rd

Of autopsy 15

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) accident 30

(b) Date of occurrence 24 Jan 48

(c) Where did injury occur? Buffalo Dallas Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)

(e) Means of injury Fire

23. Signature W E Handley MD (M. D. or other) MD

Address Buffalo Date signed 26 Jan 48

(Licensed Embalmer's Statement on Reverse Side)

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

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

Edward B. Jones

Licensed Embalmer No.

2508

P. O. Address

Buffalo, N.Y.

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.