

FILED APR 14 1948

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8083

State File No. _____

Primary Registration District No. 3010

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 10 days

3. (a) PRINT FULL NAME ALMA ZIMMER

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward Henry 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 24 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Charleston Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

MOTHER FATHER { 11. Industry or business _____
12. Name Cros Galloway
13. Birthplace Charleston Mo
(City, town, or county) (State or foreign country)
14. Maiden name Cora Shields
15. Birthplace Davis N.C.
(City, town, or county) (State or foreign country)

16. (a) Informant E. H. Zimmer
(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof April 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director W. H. T. Funeral Home

(b) Address Sikeston Mo

19. (a) H-7-48 (b) C. C. Zimmerman
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 514 E. Gladys
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1948 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3/22, 1948, to 3/31, 1948.
that I last saw her alive on 3/31, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to _____

Due to Hypertension
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: ASD
Of operations _____
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature C. C. Zimmerman (M. D. or other) MD
Address Cape Girardeau Date signed 4/5/48

RECEIVED

District Health Officer No. 4

District File Number 448-479

Issued 4-12-48

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 Raymond Crews

Licensed Embalmer No. 3467

P.O. Address Sikeston 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.