

FEDERAL BUREAU OF VITAL STATISTICS
 NATIONAL OFFICE OF VITAL STATISTICS
 MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

36979

FILED DEC 14 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4884

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3124 Harrison
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
 In this community 3 Years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3124 Harrison
 (If rural, give location)
 (e) Citizen of foreign country? X (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Rose Mary Zimmer

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

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fred. A. Zimmer
 6. (c) Age of husband or wife if alive 66 1/2 years
 7. Birth date of deceased Jan. 23 1892 / 1893
 (Month) (Day) (Year)

8. AGE: 55 Years Months 10 Days 4
56 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Hartman

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

14. Maiden name Oletrugge

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

16. (a) Informant Fred. A. Zimmer

(b) Address 3124 Harrison

17. (a) Removal (b) Date thereof 11-29-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodston, Ks.

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address 3235 Gillham Plaza H.C., MO.

19. (a) 11-29-48 (b) Geraldine Holman
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
 year 1948 hour 12 minute 5 P. M.

21. I hereby certify that I attended the deceased from Dec. 11, 1947
 to Nov. 12, 1948;
 that I last saw her alive on Nov. 27, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Vaginal Hemorrhage

Due to Cervical Carcinoma and metastasis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 4/0

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?

Mary C. Cortner (Specify type of place) While at work? (e) Means of injury

23. Signature Mary C. Cortner (M. D. or other)

Address 3119 Wood Date signed Nov. 29, 1948

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

48
3
5

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

M. E. Cartwright
9115
Va F 117
R M U

APR 5 1971

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..... *M. E. Meyer.*
Licensed Embalmer No. *1555*
P. O. Address. *Kansas City, 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.