

FEDERAL BUREAU OF INVESTIGATION
 National Office of Vital Statistics
FILED JAN 26 1949
 MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42510

State File No. _____
 Registrar's No. _____

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 3 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2813 East 12th.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Muriel King ZIMMER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr A.L. Zimmer
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 6th. 1911
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 9 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Roy King
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Dotty Wheeler
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr A.L. Zimmer
 (b) Address 2813 East 12th. Joplin, Mo.
 17. (a) Burial (b) Date thereof Jan 2, 1949
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Senseney Fran. Home
 (b) Address Greenfield, Missouri
 19. (a) 1-4-49 (b) Ed A. James
 (Date received local registrar) (Signature of Registrar)
138-1 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 31st.
 year 1948 hour 8:10 minute P. M.
 21. I hereby certify that I attended the deceased from Dec 11
 1948 to Dec 31 1948, 19____;
 that I last saw her alive on 12/31/48, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure secondary to toxic ileus, following drainage of appendical abscess.
 Due to _____
 Due to _____

Other conditions 550.1
 (Include pregnancy within 3 months of death)

Major findings: ruptured appendix.
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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)
 (b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address Joplin Mo Date signed 1/3/49

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

JAN 26 1949

JUN 20 1961

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 Charles M. Dunaway

Licensed Embalmer No. 35668

P. O. Address. Joplin 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.