

MAY 22 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15555

Do not use this space.

1. PLACE OF DEATH

(a) County MontereyRegistration District No. 571(b) Township MariposaPrimary Registration District No. 4335Registered No. 24(c) City or California

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____

(Usual place of abode. If no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 31 - 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

California Mo

FATHER

13. NAME

Maledon Zimmerman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monterey Co Mo

MOTHER

15. MAIDEN NAME

Apal Vaight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monterey Co Mo

17. INFORMANT (ADDRESS)

Maledon Zimmerman
California Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cemetery

DATE

4/29/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

William's & Son
California Mo

20. FILED

5-1-39
A.R. Popejoy

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

April 28 193922. I HEREBY CERTIFY, That I attended deceased from April 25 1939 to April 28 1939I last saw him alive on April 28 1939 Death is saidto have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Whooping Cough

Date of onset

4/21/39

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

S. J. Benson

(Address)

California, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.