

FILED MAR 7 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8114
Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 298
 (b) Township Polk Primary Registration District No. 6024 Registered No. 3
 (c) City Lawson Mo. (d) Street No. 1 St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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. 1

2. PRINT FULL NAME Fred Zimmerman
 (a) Residence, No. LAWSON MO St. (If nonresident, give city or town and State) 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE-OF MINA ZIMMERMAN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1881
 7. AGE YEARS 62 MONTHS 8 DAYS 4 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Jan 3, 1944 11. Total time (years) spent in this occupation 18
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Joe Zimmerman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Sarah E. Wilkinson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Vella Storkard Lawson, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson Mo. 2-7 DATE 1944
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Morrow Lawson Mo.
 20. FILED Feb 7 1944 W. A. Blesh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1944
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1944 to Feb 6 1944
 I last saw him alive on Feb 6 1944. Death is said to have occurred on the date stated above, at 2:25 AM.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditic
Auricular fibrillation + Cardiac Failure
 Date of onset
 Other contributory causes of importance: 93d
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? No
 If so, specify Oliver E. Duchene, M. D.
 (Signed) Lawson Mo.
 (Address)

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.

MAY 18 1949

District No. _____

District File Number _____

Date Filed 3-6-47

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 James A. Moler

Licensed Embalmer No. 3296

P. O. Address Ex. Springs, 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, above space should be left blank.