

ED AUG 16 1940

State File No.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 212

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levering 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 _____
years, months or days)

2) USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1940 hour 10¹⁵ A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 6-29 1940 to 7-18 1940
that I last saw him alive on _____ 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Embolism 3 hrs
Due to Hemorrhophy
and P.O. Solar Pneumonia

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations Hemorrhage
Of autopsy _____
Duration 3 hrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Harry Zimmerman 565
3. (b) If veteran, SS, 490-07-8161 3. (c) Social Security name war _____ No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u> <u>55</u>	<u>5</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation ##### Moulder

11. Industry or business _____

12. Name John Zimmerman
13. Birthplace Palmira Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Fredericka Vahley
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Zimmerman
(b) Address 1515 Broadway

17. (a) Removal (b) Date thereof, July 21 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Quincy Ill.

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) July 20 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

60-10-10-10 22

Handwritten notes, possibly including a name and date.

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.....

Ralph Clark

Registered Apprentice No. *242*

working under my personal supervision.

Signed *Harold M. A. Howell*

Licensed Embalmer No. *3889*

P. O. Address *Hannibal 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.