

1-10-37  
-17-39  
X21492

FILED MAR 17 1941 31

Registration District No. 31

Primary Registration District No. 30703

Registrar's No. 21

I. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 74 yrs years, months or days.

8. (a) PRINT FULL NAME J Addison Zimmerman  
8. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ella Zimmerman 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased April - 26 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Jeweller

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name A. F. Zimmerman  
18. Birthplace Warrensburg Pa (City, town, or county) (State or foreign country)  
14. Maiden name Leah Nell  
15. Birthplace Warrensburg Pa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kenneth Breckner  
(b) Address New York City N.Y.

17. (a) Burial (b) Date thereof Feb 6 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips  
(b) Address Warrensburg Mo.

19. (a) Feb 8 - 1941 (Date received local registrar) (b) Beattie Hentley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51  
(c) City or town Warrensburg Mo 2 (If outside city or town limits, write "RURAL") 2  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 4 year 1941 hour 6:30 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from 1-29-41 19\_\_\_\_ to 2-4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis and Lobar Pneumonia Duration 3 days  
Due to \_\_\_\_\_ Duration 6 days

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 108

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underlines the cause to which death should be charged statistically.

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?

23. Signature R. Lee Cooper (M. D. or other) D  
Address Warrensburg Mo Date signed 2-7-41

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-5-41

**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 \_\_\_\_\_

*R. A. Phillips*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*R. A. Phillips*

Licensed Embalmer No. \_\_\_\_\_

*2320*

P. O. Address \_\_\_\_\_

*Warrensburg*

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7342

Registration District No. 436

Primary Registration District No. 3023

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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) (Specify whether

3. (a) PRINT FULL NAME

John Addison Zimmerman

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive years  
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

20. MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 4 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19 and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. Lee Cooper (M. D. or other)

Address Warrensburg Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—DO NOT WRITE IN RED INK

