

1. PLACE OF DEATH:
 (a) County HARRISON
 (b) City or town BETHANY
 (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)

3. (a) PRINT FULL NAME JOHN MILTON ZIMMERLEE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER
 6. (b) Name of husband or wife CARRIE 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3 30 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 22 hr. min.

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

10. Usual occupation PAINTER

11. Industry or business _____

MOTHER FATHER
 { 12. Name W M ZIMMERLEE
 { 13. Birthplace Do NOT KNOW
 (City, town, or county) (State or foreign country)
 { 14. Maiden name EVALINE HIGGINS
 { 15. Birthplace Do NOT KNOW
 (City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Zimmerman
 (b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 11/25/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIRIAM CEMETERY

18. (a) Signature of funeral director S. M. Hays
 (b) Address Bethany, Mo.

19. (a) 11/28/41 (b) Zola M. Burris
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
 year 1941 hour 2 minute _____ P. M.
 21. I hereby certify that I attended the deceased from April
14 to Nov. 22 1941
 that I last saw him alive on Nov 22 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris
 Duration _____

Due to _____
 Due to _____

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

Major findings: Of operations 948
 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 Carl M. Input (M.D. or other) _____
 Address Bethany Date signed 11/28/41

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

30

DEC 17 1941

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..... *Thornton N. Hess*

Licensed Embalmer No. *2861*

P. O. Address..... *Bethany, W.V.*

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.