

FILED MAR 2 1942
 Registration District No. 572

Primary Registration District No. 5731

1. PLACE OF DEATH:

(a) County Maries
 (b) City or town Rural-Jackson Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural-Jackson /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 50 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Zimmer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Theresa 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Jan. 1 24 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 13 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Zimmer

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

14. Maiden name Gertrude Oeligschlager

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

16. (a) Informant Herman Zimmer

(b) Address Vienna, Mo.

17. (a) Burial (b) Date thereof 1/10/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Cemetery

18. (a) Signature of funeral director H. C. Cunningham

(b) Address Vienna, Mo.

19. (a) Jan. 9 1942 (b) Erma Bassett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63
 (c) City or town Rural-Jackson 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural-Jackson 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 7
 year 1942 hour 5 minute 15 P.M.

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

Immediate cause of death Coronary Thrombosis Duration ?

Due to _____

Due to _____

Other conditions 94a
 (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) (c) Means of injury 2

23. Signature L. C. Howard (M. D. or other) D. O.

Address Vienna, Mo. Date signed 1/9/42

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

J. Q. B. Humphreys

Licensed Embalmer No. *3064*

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, fact should be so stated above.