FILED MAR 7 1944

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

8114

Do not use this space.

89 0 0

**1. PLACE OF DEATH**

(a) County Ray — Registration District No. 298

(b) Township Polk — Primary Registration District No. 6024 — Registered No. 3

or

(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. 0

**2. PRINT FULL NAME** Fred Zimmerman

(a) Residence, No. Lawson Mo St. ☐ (If nonresident, give city or town and State) 0

(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 ~~HUSBAND~~ OF (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 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Joe Zimmerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Sarah E. Wilkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT (ADDRESS) Velba Stockard Lawson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson Mo. 2 Pm DATE 2-7 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J W Manow Lawson Mo.

20. FILED Feb 7 1944 W A Black 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 12:25 am.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
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 .....

(Signed) Oletus E Buchner, M. D.

(Address) Lawson Mo.

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.

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1949

District [illegible]

District File Number _____

Date Filed 3-6-44

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**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 Moles

Licensed Embalmer No. 3296.

P. O. Address Ex Springs M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**