

FILED APR 29 1947
Registration District No. **2**

Primary Registration District No. **5817**

1. PLACE OF DEATH:

(a) County, **Morgan County Mill Creek**
(b) City or town
(c) Name of hospital or institution: **None**
(d) Length of stay: In hospital or institution
In this community **most of life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **11**
(c) City or town **Rural**
(d) Street No. **6 Miles Mt Sycamore**
(e) Citizen of foreign country? **No**
If yes, name country

3. (a) PRINT NAME **Benjamin Fred Zimmerschidt**
FULL NAME

3. (b) If veteran, name war **None**
3. (c) Social Security No. **492-12-4592**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Clara May**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **3 28 1881**
(Month) (Day) (Year)

8. AGE: Years **66** Months **0** Days **18**
If less than one day hr min

9. Birthplace **Barren County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Benjamin Zimmerschidt**

13. Birthplace **Hermonty 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Schupp**

15. Birthplace **Morgan County 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara May Zimmerschidt**
(b) Address **Sycamore**

17. (a) **Interment** (b) Date thereof **4/19/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ottleville Mo**

18. (a) Signature of general registrar **James E. ...**
(b) Address **St Louis**

19. (a) **4/18/47** (b) **Myrtle Hotzenwaller**
(Date registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **16**
year **1947** hour **4** minute **PM**

21. I hereby certify that I attended the deceased from **June 20**
1947, to **4-16** 19**47**
that I last saw him alive on **June 20** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis with sclerosis of coronary artery**
Duration **3 yrs**

Due to **artery**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **93D**

Of autopsy

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 place) (Specify means of injury)

23. Signature **John ...** (M. D. or other)

Address **Ottleville Mo** Date signed **4/16/47**

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

MOVER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton 2nd

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.