S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41214

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 283

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: -------- 622a W. Main St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City, (If outside city or town limits, write "RURAL")

(d) Street No. 622A West Main Street (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME LAWRENCE ADAMS ZIMMERMAN

3. (b) If veteran, name war no

3. (c) Social Security No. 490-09-8190

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gladys Zimmerman

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March (Month) 5 (Day) 1897 (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	9	21	hr. min.

9. Birthplace Cole County, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation laborer

11. Industry or business -----

FATHER
12. Name Lawrence Zimmerman
13. Birthplace Cole County, Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Sarah Burnett
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Lawrence Zimmerman

(b) Address 622A West Main St. J.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery J.C. Mo.

18. (a) Signature of funeral director Wm. G. Tanner

(b) Address 700 Jefferson St.

19. (a) 12-29-47 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th year 1947 hour 6:30 minute A.M.

21. I hereby certify that I attended the deceased from June 5th 1947, 19..., to December 25, 1947 that I last saw him alive on December 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Cardio-renal disease

Due to Chronic Pleuritis with effusion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 6 months

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John W. McHaney MD (M. D. or other)

Address Jefferson City, Mo. Date signed 12/27/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 4 1948
District Health Officer No. 9,
District
Date Filed 1/23/48

JAN 19 1948

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 Donald P. Freeman, Registered Apprentice No. 481, working under my personal supervision.

Signed Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

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.