

FILED JAN 19 1948

Registration District No. **2901**

Primary Registration District No. **5984**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Pulaski**  
(b) City or town **Waynesville, Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No** (Specify whether)  
In this community **1 hr.** years, months or days

3. (a) PRINT FULL NAME

**Lewis Lee Zimmerman**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **335-22-0892**

4. Sex **M** 0 race **W**  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **S** 0  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **March 11 1929**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**18 10 16** hr. min.

9. Birthplace **Gary, Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business **Theophilius**

12. Name **Theophilius Zimmerman**

13. Birthplace **Eureka, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Clara M. McKinnis**

15. Birthplace **Waynesville, Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Theophilius Zimmerman**

(b) Address **Eureka, Mo.**

17. (a) **Emmal** (b) Date thereof **Dec 31 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Appostolic Cem.**

18. (c) Signature of funeral director **Walter P. Hedge**

(b) Address **Therua, Mo.**

19. (a) **Jan 13 1948** (b) **Helma C. Buckel**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Woodford**  
(c) City or town **Eureka**  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27** year **1947** hour **9** minute **15** a.m.

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

Immediate cause of death **Crushed Skull** Duration

Due to **Motorcycle & Truck**  
**Accidents**

Due to **Passing on yellow line**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1700-8 22**

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) **Accidents & 5**

(b) Date of occurrence **12/27/1947**

(c) Where did injury occur? **Waynesville, Pulaski, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**7 miles west of Waynesville, Mo. 12/26/47**  
(Specify type of place)

While at work **Yes** (e) Means of injury **Crushed Skull**

23. Signature **W. B. Deeper** (b) **W. B. Deeper**

Address **Richland, Mo.** Date signed **12/27/47**

MAY 6 1917

JAN 21 1914

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.....

*Walter R. Hedges*

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Walter R. Hedges*

Licensed Embalmer No. ....

*4265*

P. O. Address.....

*Meriden, Conn.*

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.