

FILED JUL 8 1948

Registration District No. 32

Primary Registration District No. 5-112

Registrar's No. 117

1. PLACE OF DEATH:

- (a) County Ballinger Co.
(b) City or town Rural Lorraine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Louis gisero Zimmerman

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

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 13 6 hr. am min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Zimmerman
13. Birthplace Glen Allen Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Burns
15. Birthplace Ballinger Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eizie Burns
(b) Address Glen Allen Mo.

17. (a) Burial (b) Date thereof May 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation funeral home

18. (a) Signature of funeral director Wm. Kimmel

- (b) Address Putnamville Mo.

19. (a) June 30-1948 (b) Wm. Kimmel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ballinger
(c) City or town Glen Allen
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1948 hour 6 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 3/29/48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 830
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) (e) Means of Injury 2

23. Signature John J. Kimmel (M, D, or Other) MD
Address Putnamville Date signed 6/1/48

RECEIVED

District Health Officer No. 4

District File Number 748-870

Date Filed 2-2-48

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.....

Licensed Embalmer No.....

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.