FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 23 1948
Registration District No. 3748

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39207
Primary Registration District No. 6272
Registrar's No. 35

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

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Rural (Allen Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 66
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth
(c) City or town Rural-Worth Co,
(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

3. (a) PRINT FULL NAME William Thomas Zimmerman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Madonna K. Zimmerman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 15 (Month) I860 (Day) (Year)

8. AGE: Years 87 | Months I0 | Days I6 | If less than one day hr. min.

9. Birthplace Harrison (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farmer
11. Industry or business

MOTHER
12. Name Phoebe Wright
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Harrison County
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ray Zimmerman
(b) Address Denver, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II-4-I9484 (Month) (Day) (Year)
(c) Place: burial or cremation Isabelle Cemetery
18. (a) Signature of funeral director Jack C. Dunlee
(b) Address Grant City, Mo.
19. (a) Nov 8-1948 (Date received local registrar) (b) Peter E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1948 hour 4 minute A M.
21. I hereby certify that I attended the deceased from ..., 1947 to Nov ..., 1948
that I last saw him alive on Oct 25, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolism	
Due to: Arteriosclerotic Cardiovascular	15 yrs
Due to: Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Frank B Harrison M.D. (or other)
Address Grant City, Mo Date signed 11/3/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Jack C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant 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.