

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 west allen 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 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. 308 west allen 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDMUND ROUSSEAU ZIMMERMAN

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

4. Sex MALE 5. Color or race white 6. (g) Single, widowed, married, divorced wid

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

7. Birth date of deceased Dec 25 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Elizabeth Ind 1
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name Fleming Zimmerman

13. Birthplace Wis 1
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Schreck

15. Birthplace Wis 1
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Ramey

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 9-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Edgalus & Pers
(b) Address Clinton mo

19. (a) 9-29-48 (b) R R Ramey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1948 hour 8 minute 10 PM

21. I hereby certify that I attended the deceased from past 3 yrs
to 9-27-1948

that I last saw him alive on Sept 27 and that death occurred on the date and hour stated above.

Immediate cause of death Septal (Hypostatic) pneumonia

Due to Arterial Sclerosis
Concomitant of aortic

Due to Myocarditis

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

Major findings: 30R
Of operations _____

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? 101

While at work? _____ (Specify type of place) (a) Means of injury 101

23. Signature Ed Ramey (M. D. or other)
Address Clinton mo Date signed 9/29/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
1
2

RECEIVED

District Health Officer No. 701

District File Number 9-48-1125

Date Filed 10-4-48

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.