

JAN 25 1941  
Registration District No. 774

Primary Registration District No. 4465

Registrar's No. 1002

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River mo  
(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 \_\_\_\_\_  
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)  
0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Robert Zimmerman

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th.  
year 1940 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec. 9th,  
1940, to Dec. 9th, 1940;  
that I last saw him alive on Dec. 9th, 1940  
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 1878 years

7. Birth date of deceased Apr 29 (Month) 1878 (Day) (Year)

Immediate cause of death Angina Pectoris

Duration 15 hours

8. AGE: Years Months Days If less than one day

62 7 11 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

9. Birthplace Leon Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Lead Mechanic

11. Industry or business \_\_\_\_\_

12. Name Geo. Zimmerman

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

14. Maiden name Sarah E. Burton

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Myrtle Zimmerman

(b) Address Flat River mo

17. (a) Burial (b) Date thereof 12-13-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Memorial

18. (c) Signature of funeral director Sadwell Burr

(b) Address Flat River mo

19. (a) 12-12-40 (b) C. B. Kasser (M)  
(Date received local registrar) (Registrar's signature)

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? 697 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Marsplet (M. D. or other) 3

Address Flat River, Mo Date signed 12-12-40

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**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, above space should be left blank.**