

MAR 14 1941
Registration District No. **99**

Primary Registration District No. **5146**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Grant Twp
(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 Entire life years, months or days

8. (a) PRINT FULL NAME Carrick L. Zimmerman

8. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex Male 5. Color or race wh

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

6. (b) Name of husband or wife Hessy C. Zimmerman

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

7. Birth date of deceased Oct 31 1872
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace: Caldwell Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Hubbard

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

14. Maiden name Mary Ann Hubbard

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

16. (a) Informant Oyion Zimmerman

(b) Address Polo Mo

17. (a) Burial (b) Date thereof 2-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prigitt Ridge

18. (a) Signature of funeral director Alspaugh & Cooley

(b) Address Polo Mo

19. (a) Feb 20-41 (b) Mrs Myrtle Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural Grant Twp
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 28, 1941, to Feb 17, 1941;
that I last saw him alive on Feb 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 wks.

Due to Cerebral Sclerosis years _____

Due to Generalized Arteriosclerosis (Hypertensive) years _____

Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis

Major findings: Of operations _____

Of autopsy none AJH

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? 10^a

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

23. Signature J. E. Goldberg (M. D. or other) D
Address Polo, Mo. Date signed 2/18/41

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.