

District No. 278219

Primary Registration District No. 5301

State File No. _____

Registrar's No. 76

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town PALESTINE
(c) Name of hospital or institution: HOME - 7 MILES SOUTH
(d) Length of stay: In hospital or institution _____
In this community LIFE

3. (a) PRINT FULL NAME WILLIAM RICHARD ZIMMERMAN SR.

3. (b) If veteran, name war NONE 3. (c) Social Security No. 489-16-0162

4. Sex MALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

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

7. Birth date of deceased DECEMBER 18 1863

8. AGE: Years 77 Months 6 Days 11 hr. _____ min. _____

9. Birthplace MONITEAU COUNTY MISSOURI

10. Usual occupation RETIRED PIPE FACTORY WORKER

11. Industry or business RETIRED

12. Name WYATT ZIMMERMAN

13. Birthplace GERMANY

14. Maiden name UNKNOWN

15. Birthplace _____

16. (a) Informant DELMAR ZIMMERMAN

(b) Address BOONVILLE, MISSOURI

17. (a) BURIAL (b) Date thereof July 1 - 1941

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 6-30-41 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town PALESTINE TOWNSHIP
(d) Street No. 7 MILES SOUTH
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29th year 1941 hour 8 minute _____ AM.

21. I hereby certify that I attended the deceased from June 25 1941 to June 29 1941 that I last saw him alive on June 29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 18 days
Due to General arteriosclerosis

Due to _____
Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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 _____

23. Signature M. A. James (M. D. or other) MD
Address Boonville Mo Date signed 6-30-41

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

700

215

FILED JUL 10 1941

RECEIVED
District Health Officer No. 8,
District File Number 4-8-41
Date Filed

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..... *James W. Stegner*
Licensed Embalmer No. *3780*
P. O. Address..... *Boonville, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21510

Registration District No. 218219

Primary Registration District No. 5301

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Palestine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1 mi South
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME William R. Zimmerman Sr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-16-0162

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Rosah Zimmerman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 18, 1963
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 11 If less than one day _____ min.

9. Birthplace Moniteau Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Pipe Factory Worker
11. Industry or business Retired
12. Name W. Matt Zimmerman
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Delmar Zimmerman
(b) Address Boonville Mo.
17. (a) Burial (b) Date thereof July 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery
18. (a) Signature of funeral director Stegner + Kaling
(b) Address Boonville Mo
19. (a) 8-19-41 (b) Ann Whitaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Palestine Township
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. South
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1941 hour 8 minute _____ a.m.

21. I hereby certify that I attended the deceased from June 25, 1941, to June 29, 1941
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 18 da
Due to General Arteriosclerosis Scurvy

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
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 _____
23. Signature M. A. Jones (M.D. or other) _____
Address Boonville, Mo Date signed 6-30-41

MOTHER FATHER



