

U.S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Cline - Cron
31512
State File No.

Registration District No. 332

Primary Registration District No. 4489

Registrar's No.

100
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Vanderuser
(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 55 yrs
In this community 55 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott
(c) City or town Vanderuser
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 23
year 1942 hour 3 minute 00 A. M.
21. I hereby certify that I attended the deceased from 8/12 1942 to 9/23 1942
that I last saw him alive on 8/29 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb 21 1868
(Month) (Day) (Year)

Immediate cause of death Coronary Arteriosclerosis
Due to —
Due to —
Other conditions Chronic Endocarditis
(Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 7 Days 2
If less than one day — hr. — min.

Major findings: Of operations —
Of autopsy —
Underline the cause to which death should be charged statistically.

9. Birthplace Hancock Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor - Public School

11. Industry or business —

12. Name W. Edward Zimmerman

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

14. Maiden name Laura Cranford

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

16. (a) Informant Mrs. Kate Zimmerman
(b) Address Vanderuser Mo.

17. (a) Burial (b) Date thereof 9-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morley Mo.

18. (a) Signature of funeral director Wells Funeral Home
(b) Address Stanton Mo.

19. (a) 10/1/42 (b) Lain - Registrar
(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? — (Specify type of place)
(e) Means of injury —

23. Signature J. Cline (M. D. or other)
Address Coran Mo. Date signed 9/24/42

1042 (Licensed Embalmer's Statement on Reverse Side)

OCT 9 1942

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 Kelly

Licensed Embalmer No.

3788

P. O. Address

Sikeston 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.