

FILED MAR 8 1944
Registration District No. 2184

Primary Registration District No. 3076

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Wendover, Mo. Vernon
(b) City or town Neveda
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
509 North 1 Clay Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 509 n clay (Specify whether
In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Neveda Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 509 N. Clay St.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME WILLIAM GAMES LIMMERMAN

3. (b) If veteran, name war No. 3. (c) Social Security No. 702-15-1196

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jennie Zimmerman 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased January 8 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired Railroad

11. Industry or business Railroad

12. Name unknown

13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Zimmerman

(b) Address 509 N. Clay St., Nevada, Mo

17. (a) Burial (b) Date thereof 2-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Templeton Horn

(b) Address Neveda Mo

19. (a) 2-12-44 (Date received local registrar) (b) Fazel B. Beurek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1944 hour 4:30 minute - M.

21. I hereby certify that I attended the deceased from Jan 18 1944 to Feb 3 1944 that I last saw him alive on Feb 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Chronic Nephritis Duration Don't know

Due to Don't know

Due to None

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

Major findings: Of operations None PHYSICIAN

Of autopsy None 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 W. Love (M.D. or other)

Address Neveda Mo Date signed 2/10/44

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

08
1
2

MAR 20 1944

RECEIVED

District Health Officer No. 7,

District File No. 2-44-281

Date Filed 3-8-44

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, W. B. Army

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

W. B. Army

Licensed Embalmer No. 1760

P.O. Address: Nevada 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.