

FILED FEB 10 1947

State File No.

Registration District No.

Primary Registration District No. 3016

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Maryies Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Wks & 4 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rt # 2. California, Mo.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Thomas Zimmerman

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1947 hour 9 minute 20 A.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced (1)

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

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

7. Birth date of deceased Nov 25 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9 Jan 1947 to 27 Jan 1947; that I last saw him alive on 26 Jan 1947; and that death occurred on the date and hour stated above.

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

Immediate cause of death Anemia of Heart

Due to lobar pneumonia

Due to Upper Respiratory Infection

Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations 108

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name LeRoy Zimmerman

13. Birthplace Moniteau Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Debbie James

15. Birthplace Moniteau Co Missouri
(City, town, or county) (State or foreign country)

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?.....
(Specify type of place) (e) Means of injury.....

23. Signature August P. Stephan (M. D. or other)
Address Jefferson City, Mo. Date signed 27 Jan 47

16. (a) Informant LeRoy Zimmerman

(b) Address 1212 S. California St.

17. (a) Burial (b) Date thereof Jan 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemt, California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 1-28-47 (b) R. P. Dennis, M.D.
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 2-7-47

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. S. Paulin

Licensed Embalmer No. 2126

P. O. Address California, 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.