

FILED JAN -7 1943

Registration District No. **316**

Primary Registration District No. **6072**

Registrar's No. **171**

1. PLACE OF DEATH: **St. Francis**  
(a) County **St. Francis Mo.**  
(b) City or town **Burlington**  
(c) Name of hospital or institution: **1 Burlington PENLETON**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **45 yrs.** (Specify whether years, months or days)  
In this community **45 yrs.**

2. USUAL RESIDENCE OF DECEASED: **94**  
(a) State **Mo.** (b) County **St. Francis**  
(c) City or town **Burlington Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **usa.** (Yes or No)  
If yes, name country.

3. (a) PRINTED FULL NAME **Williams Henry Zimmerman**  
3. (b) If veteran, name war. 3. (c) Social Security No. **1**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct** day **28**  
year **42** hour **9:30** minute **A.** M.  
21. I hereby certify that I attended the deceased from **Oct 26**  
**+** **1942** to **Oct 28** **1942**  
that I last saw him alive on **Oct. 26** **1942**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Emma Zimmerman** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **April 10 1863**  
(Month) (Day) (Year)

Immediate cause of death **Coronary Apoplexy** Duration **2 days**  
Due to **Cardiovascular - Renal Disease** **4 yrs.**

8. AGE: Years **74** Months **6** Days **18** If less than one day **hr.** **min.**

Due to **13/a**  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Springfield Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **St. Joseph Lead Co**

12. Name **Henry Zimmerman**

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

14. Maiden name **Caroline Shilling**

15. Birthplace **Springfield Mo.** (City, town or county) (State or foreign country)

16. (a) Informant **Henry Zimmerman**

(b) Address **Flat River Mo**

17. (a) **Burial** (b) Date thereof **10-30-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burlington Mo**

18. (a) Signature of funeral director **Edwards Funeral Home**

(b) Address **Burlington Mo**

19. (a) **12-29-1942** (b) **Byrdie Buchmeister**  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations. Of autopsy.

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 **Geo. H. Watkins** (M. D. or other) Date signed **12/28/42**

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

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

94  
80

MOTHER FATHER

RECEIVED

strict Health Officer No. 4  
District File Number 143-15-17  
Date Filed 1-3-43

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 Everett Sparks

Licensed Embalmer No.....

P. O. Address Elm St 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.