

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18609
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
 (b) Township _____ Primary Registration District No. 2001 Registered No. 377
 (c) City SPRINGFIELD (d) Street No. Bapst. Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Elmore J. Zinn

(a) Residence, No. 2131 N. Johnson St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 45 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired poultry Worker
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lawrence County 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Elmore J. Zinn 0

14. BIRTHPLACE (CITY OR TOWN) Lawrence County 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Eva P. Hill

16. BIRTHPLACE (CITY OR TOWN) Lawrence County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Eva Zinn
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stott City, Mo. DATE May 7, 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo. 290

20. FILED 5-6, 1939 Chas a George MD
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1939, to May 5, 1939

I last saw him alive on May 5, 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Terminal Pneumonia. Lobes 108

Other contributory causes of importance: Pneumococci Meningitis.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____

(Signed) Ronald F. Elkins M. D.
 (Address) Springfield Mo.

REC'D JUN 8 1939

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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..... *M. H. Canaday*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Springfield, 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, above space should be left blank.