7-39
X23159

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

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2942

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 621 Porter (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FRANCIS EDWARD ZINN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband or wife Olga Zinn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 7th (Day) 1889 (Year)

8. AGE: Years 51 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Minden Mines Mo (City, town, or county) (State or foreign country)
10. Usual occupation Doctor
11. Industry or business Osteopathy
MOTHER FATHER
12. Name William Zinn
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Ellen Cole
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Olga Zinn
(b) Address 621 Porter Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23 1941. (Month) (Day) (Year)
(c) Place: burial or cremation Park Mem. Park
18. (a) Signature of funeral director Campbell Mortuary
(b) Address Joplin Mo
19. (a) 1-22-41 (Date received local registrar) (b) E. D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1941. hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on Did not see him alive 19; and that death occurred on the date and hour stated above.

Immediate cause of death Massive hemorrhage into left ventricle of brain — Duration
Due to
Due to Auto accident Jan. 17, 1941
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Hemorrhage of brain

PHYSICIAN — 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) Accident
(b) Date of occurrence Jan 17, 1941
(c) Where did injury occur? Joplin Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public street (Specify type of place)
While at work?
(e) Means of injury Auto
23. Signature R. A. Webster (M. D. or other) Coroner
Address Carthage Mo Date signed Jan 20 41.

(Licensed Embalmer's Statement on Reverse Side)

41-2-158

179 C
98

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
2-21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2942

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Francis Edward Zinn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Massive Hemorrhage into left Ventricle of brain
Due to
Due to Auto accident
Ran into a parked car
Other conditions Hemorrhage of brain
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Hemorrhage into left ventricle of brain

Duration

PHYSICIAN
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) acc
(b) Date of occurrence 1-17-1941
(c) Where did injury occur? Joplin Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public street of Joplin (Specify type of place)
While at work? yes (e) Means of injury Auto
23. Signature R. W. Webster coroner (M. D. or other)
Address Carthage Date signed Apr 10 41