No. 2
4-13-40
5-17-39
I X23159

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. 20893

Registration District No. FILED JUL 3 1941 Primary Registration District No. 1002 Registrar's No. 2423

048 3 8

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3011 E. 7th (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ; In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL.")
(d) Street No.: 3011 E. 7th St., 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

048 3 4

3. (a) PRINT FULL NAME: GRANVILLE MILTON ZINN
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Florence
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: May 18, 1852 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	1	6	hr. min.

9. Birthplace: Indiana 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Joe H. Zinn
(b) Address: 4316 Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hills,
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: 2825 Indep. Blvd, K. C. Mo.
19. (a) 6/25/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1941 hour 3 minute p.m.
21. I hereby certify that I attended the deceased from June 20 June 24, 1941, to June 24, 1941; that I last saw him alive on June 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration 4 days
Due to: Arteriosclerosis
Due to: 107
Other conditions (Include pregnancy within 3 months of death): 107
Major findings: Of operations:
Of autopsy:

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):
(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)
While at work? (e) Means of injury: 0
23. Signature: H. R. Foster (M. D. or other)
Address: 1529 Foster Date signed: 6-25-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Trotter

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. E H Blackman

Licensed Embalmer No. 2274

P. O. Address.....

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.