S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT - 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30653

Registration District No. 137 Primary Registration District No. 3028 Registrar's No. 191

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 527 Howard St. /
(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: 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 209 N. Maple St. 3
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country: -------

3. (a) PRINT FULL NAME: CLARA IONA ZINN

3. (b) If veteran, name war: none

3. (c) Social Security No. 490-10-0615

4. Sex: female /

5. Color or race: white

6. (a) Single, widowed, married, divorced: divorced 2

6. (b) Name of husband or wife: unknown Zinn

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

7. Birth date of deceased: December (Month) 18 (Day) 1896 (Year)

8. AGE: Years 49 | Months 9 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: Carthage (City, town, or county) Missouri / (State or foreign country)

10. Usual occupation: inspector

11. Industry or business: Smith Bros. Mfg. Co.

MOTHER FATHER

12. Name: Leroy Blaize /

13. Birthplace: Urbanna (City, town, or county) Ohio (State or foreign country)

14. Maiden name: Sarah E. Rogers

15. Birthplace: Newton Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Miss Jaevenne Zinn

(b) Address: 209 N. Maple, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Sept 18, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Jasper School Cemetery

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Missouri.

19. (a) 9-24-46 (Date received local registrar) (b) P. B. Clem M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23 year 1946 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from July 4 1946, to Sept. 23, 1946; that I last saw her alive on Sept 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of uterus about	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 48B
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. E. Byrd M.D. (M. D. or other)

Address: Carthage Mo. Date signed 9-23-46

139 (Licensed Embalmer's Statement on Reverse Side)

46-9-828

OCT 11 1946

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 Emma R Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.