

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 7 1946 STANDARD CERTIFICATE OF DEATH

15737

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Noyes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Hours (Specify whether  
In this community 6 Hours years, months or days)

3. (a) PRINT FULL NAME BABY GIRL ZINGG

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 5 - 18 - 1946 (Month) (Day) (Year)

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

9. Birthplace Columbia Missouri (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Austin W. Zingg  
13. Birthplace Winfield Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Bernice Hudson  
15. Birthplace Canton Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Austin W. Zingg  
(b) Address 1309 Wilson, Columbia, Mo.  
17. (a) Burial (b) Date thereof 5-21-46 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parsons Funeral Service  
(b) Address Columbia, Mo.

19. (a) 5-22-46 (b) Mrs R E Palmer (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia (If outside city or town limits, write "RURAL")  
(d) Street No. 1309 Wilson Ave. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5-18 to 5-18 1946  
that I last saw her alive on 5-18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Largely Pulmonary atelectasis  
Due to Prematurity (7 mo)  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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?

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. E. Dedmon (M. D. or other) \_\_\_\_\_  
Address Columbia Date signed 5-18-46

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 6-5-46

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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 Tom M. Harg  
Licensed Embalmer No. 1067  
P. O. Address Columbia, 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.