

128
318
SEP 14 1942

State File No.

Registration District No.

Primary Registration District No. 2000

Registrar's No. 628

39
2
6

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

1. PLACE OF DEATH: GREENE

(a) County Springfield city

(b) City or town Springfield city

(c) Name of hospital or institution: St Johns Hosp. S

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

3. (a) PRINT FULL NAME ZORA B. STINSON

3. (b) If veteran, name war..... NONE

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 31- Dec 18 77 years

7. Birth date of deceased Aug (Month) 23 (Day) 1877 (Year)

8. AGE: Years 64 Months 11 Days 23

If less than one day hr. min.

9. Birthplace Livingston Tenn (City, town, or county) Tenn (State or foreign country)

10. Usual occupation House wife

11. Industry or business In home

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Claud Stinson

(b) Address Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cem

18. (a) Signature of funeral director J. W. Lingner & Co.

(b) Address Springfield, Mo.

19. (a) 8-27-42 (Date received local registrar) (b) J. D. W. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield

(d) Street No. 2018 W Milton

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

If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1942 hour 9 minute 50 P M.

21. I hereby certify that I attended the deceased from Aug. 18 1942 to Aug 24 1942

that I last saw her alive on Aug 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Lobar Pneumonia 3 days

Due to.....

Due to.....

Other conditions Diabetes mellitus.

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 61

Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Gene W. Farthing M.D. (M. D. brother)

Address Springfield, Mo. Date signed 8-26-42

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

Roy A. Lawin

Licensed Embalmer No.

1763

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, fact should be so stated above.