

**FILED SEP 26 1944**  
194

3697

Registration District No. 102

Primary Registration District No. 1002

Registrar's No. ....

**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:  
132 S. Monroe  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 55 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. 132 S. Monroe  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ?

**3. (a) PRINT FULL NAME** FLORENCE CECILIA ZINN  
3. (b) If veteran, name war No 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 Branville 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Dec. 10, 1867  
(Month) (Day) (Year)

**8. AGE:** Years 76 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Hannibal (City, town, or county) No. 1 (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

**MOTHER FATHER**  
12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Zinn  
(b) Address 1316 Jefferson

17. (a) Burial (b) Date thereof Sept. 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C. H. Blackman & Son,  
(b) Address Kansas City, Mo.

19. (a) 9-12-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Sept day 11 year 1944 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept. 4, 1944 to Sept. 10, 1944  
that I last saw her alive on Sept. 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 7 days  
Due to Coronary Sclerosis yrs.  
Due to Gen'l. Arterio Sclerosis yrs.  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g/a  
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?

23. Signature Jesse D. Hump D. or other MD.  
Address 1103 Grand Date signed 9-11-44

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

**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..... *H. D. Blackman*.....  
Licensed Embalmer No. *3639*.....  
P. O. Address..... *H. C. 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.**