

S. No. 2
M-5-43
7. 5-17-39
I X38671

1921

FILED FEB 11 1947

State File No. _____

Registration District No. 229

Primary Registration District No. 5825

Registrar's No. 79

1. PLACE OF DEATH:

(a) County New Madrid.

(b) City or town Catron, rural Como Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home.
(If not in hospital or institution, write street number or location)

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

In this community 3 Years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Catron, Rural Como Twsp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Roy William Zinn

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 24 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1947 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 5-10-46, 19____, to 1-9-47, 19____.

that I last saw him alive on 1-2-47, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>0</u>	<u>15</u>	_____ hr. _____ min.

Duration _____

Carcinoma of Rectum

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Sarepta, Mississippi.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Mose Zinn. 9

{ 13. Birthplace Unknown. (City, town, or county) (State or foreign country) 9

{ 14. Maiden name Unknown. 9

{ 15. Birthplace Unknown. (City, town, or county) (State or foreign country) 9

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 46D

Of autopsy _____

16. (a) Informant Eria B. Duff.

(b) Address Catron, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-27
(Month) (Day) (Year)

(c) Place: burial or cremation Poor Farm.

18. (a) Signature of funeral director Ponder Funeral Home

(b) Address Lilbourn, Missouri.

19. (a) 1/10/47 (Date received local registrar) (b) Dr. [Signature] (Registrar's signature)

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 [Signature] (M. D. or other) plc.

Address [Signature] Date signed 1/10/47

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

72
00

72
00
00

217

RECEIVED
District Health Office No. 2,
District File Number 247-171
Date Filed 2-7-47

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 Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address Lillouan, 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.