

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24427

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1002 Registered No. 2932
(c) City Farmers City (d) Street No. 2615 - Monroe St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Dora A. Fink
(a) Residence, No. 2615 - Monroe St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX He 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar L. Fink
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 0 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Mr. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville
Conn. - Ky
13. NAME David Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
15. MAIDEN NAME Malinda Fullerton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
17. INFORMANT (NAME) (ADDRESS) W. D. Fleming
Overland Park Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moura DATE July 21, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer's Sons
Brucemcreek + Paris
20. FILED July 21, 1938 M. M. Groves
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-38
22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h Deputy Coroner 19..... Death is said to have occurred on the date stated above at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic aortitis
Rupture of the aorta of
Heart
Date of onset
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W. D. Fleming M. D.
(Address) Overland Park, Kansas

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X14023

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.