

FILED FEB 14 1944
Registration District No. 5699

Primary Registration District No. 5699

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

1. PLACE OF DEATH:

(a) County LIVINGSTON

(b) City or town AVALON, Fairmount
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community Active Life 32 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Avalon
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? yes no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward William Fink

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased JUNE - 26 - 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 6 26 _____ hr. _____ min.

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

10. Usual occupation Store Keeper & Farmer

11. Industry or business Owner & Operator

12. Name Christian C. Fink

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

14. Maiden name Lucetta Romizer

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

16. (a) Informant Leland Fink

(b) Address Avalon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/1944
(Month) (Day) (Year)

(c) Place: burial or cremation Hale

18. (a) Signature of funeral director Clifford W. Austin

(b) Address TINA, Missouri

19. (a) Jan 16 1944 (Date received local registrar) (b) Mrs. C. Fullerton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 13 year 1944 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1 to Jan 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis Duration 4 days

Due to Flu 1944

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

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? _____

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

23. Signature G. M. Moore (M. D. or other) _____

Address Perflow Mo Date signed 1-16-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Clifford W. Austin

Licensed Embalmer No. *3233*

P. O. Address *Tina, Missouri,*

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.