

FILED NOV 8 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24339

Registration District No. 139

Primary Registration District No. 5526

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Wickory  
(b) City or town PRESTON St. Louis  
(c) Name of hospital or institution: at home  
(d) Length of stay: In hospital or institution 1 years, months or days  
In this community years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wickory  
(c) City or town Preston  
(d) Street No. St. Louis  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Manice George Inks

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George Inks 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Mar 18 1874

8. AGE: Years 71 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Burnsfield, Missouri

10. Usual occupation housewife

11. Industry or business at home

12. Name H. C. Fisher  
13. Birthplace Virginia  
14. Maiden name Elizabeth Allison  
15. Birthplace Tenn.

16. (a) Informant George Inks

(b) Address Preston, Mo.

17. (a) burial (b) Date thereof 10/27/44

(c) Place: burial or cremation Fisher Cemetery

18. (a) Signature of funeral director Vaughan

(b) Address Urbana, Missouri

19. (a) Oct 30 - 44 (b) Manice George Inks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1944 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 18 1874 to Oct 30 1944  
that I last saw her alive on Oct 29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke, vascular Brain Arteriosclerosis Duration 2 mo.

Due to Arteriosclerosis

Due to Arteriosclerosis

Other conditions (include pregnancy within 3 months of death)

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?  
(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 L. A. Reeves (M. D. or other) MD  
Address Urbana, Mo. Date signed 10/30/44

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

1300

1591

JAN 15 1958

RECEIVED  
District No. 7  
Date 10-44-1307  
Bound 11-6-47

**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 *Paul Richard Brown*  
Licensed Embalmer No. *4324*  
P. O. Address *Warrent, 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.**