

No. 2  
1-5-43  
5-17-39  
I X36671

37103

State File No. \_\_\_\_\_

FILED DEC 7 1944

Registration District No. 7394

Primary Registration District No. 5114

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Ballinger  
(b) City or town Ballinger Wayne  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 34 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ballinger  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 1/2 m N.W. 3rd  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCIS M. DINKEN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 13 - 44  
year 1944 hour 3:15 minute 2 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1944 to \_\_\_\_\_, 1944.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary A. Dinken  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Jan 9 1866  
(Month) (Day) (Year)

that I last saw him alive on 1, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic myocarditis  
Due to Senility

8. AGE: Years 78 Months 10 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Allen Co. Ky.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 3rd  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business Farmer  
12. Name Matthew Dinkens  
13. Birthplace Allen Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Wilson  
15. Birthplace Allen Ky.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant R.B. Dinkens  
(b) Address Ballinger Mo  
17. (a) Burial (b) Date thereof 11-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Epapher Cem.  
18. (a) Signature of funeral director Mathie Fun. Home  
(b) Address Dupin Mo  
19. (a) 11/18/44 (b) Mrs. Geneva Graham  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature E.C. Masters (M. D. or other) DO  
Address Advance, Mo. Date signed 11-18-44

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

RECEIVED

District Health Officer No. 4  
District File Number 1244-4606  
Date Filed 12-6-44

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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..... *Dymond Steele* .....

Licensed Embalmer No. 2476 .....

P. O. Address Hexter Ms .....

**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.**