

Registration District **FILED 217 4 1946**

Primary Registration District No. **5079**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Rural Spruce**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Bates** **7**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**
year **1946** hour **4:15 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **May 21**
_____ 19 **46** to **May 31** 19 **46**
that I last saw him alive on **May 31** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart, probably**
Due to _____

Due to _____
Other conditions **hypertension**
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations _____
Of autopsy **none**

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

3. (a) PRINT FULL NAME **Harrison Scott Fink**

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

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

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

7. Birth date of deceased **Jan 4 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **Halesburg Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Jacob Fink**

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

14. Maiden name **Lucresia Russell**

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

16. (a) Informant **W. O. Fink**

(b) Address **Butler, Mo.**

17. (a) **Burial** (b) Date thereof **5 23 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut**

18. (a) Signature of funeral director **Robert Arnold**

(b) Address **Cheighton Mo.**

19. (a) **5-27-46** (b) **Russell Fink**
(Date received local registrar) (Registrar's signature)

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

AVRLL

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 Herbert Arnold
Licensed Embalmer No. 3621
P. O. Address Craigton, 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, above space should be left blank.

Registration District No. 27

Primary Registration District No. 5079

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Harrison S. 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 Wed

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

7. Birth date of deceased Jan 4 1946
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days _____ (Less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-22-46 (b) Kendall Kerney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, 1946, Year
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

STOP TEMPORARY

15684