

FILED FEB 25 1947

Registration District No. **175**

Primary Registration District No. **0433**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Rural Union  
(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 Life  
years, months or days

3. (a) PRINT FULL NAME Conrad L. 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 M

6. (b) Name of husband or wife Emelie Fink 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 6 1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jeffresburg MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Conrad Fink

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

14. Maiden name Agnes Schuler

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

16. (a) Informant Emelie Fink

(b) Address Beaufort Mo

17. (a) Burial (b) Date thereof Feb 12 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeffresburg Mo

18. (a) Signature of funeral director B. F. Lemme

(b) Address Beaufort Mo

19. (a) Feb 11-1947 (b) B. F. Cooper & Co  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Home Residence  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th  
year 1947 hour 10:35 minute 0 M.

21. I hereby certify that I attended the deceased from 4-3 1946 to 2-9 1947

that I last saw him alive on 2-6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy Duration 5 min

Due to Arteriosclerotic Cardiovascular Disease 5 yrs

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

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: 930

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 0

23. Signature B. F. Schuler (M. D. or other) 110

Address Beaufort Mo Date signed 2-11-47

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 2-21-47-

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.....

*E H Jenne*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed... *E H Jenne* .....

Licensed Embalmer No. *3076* .....

P. O. Address *Beaufort 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, fact should be so stated above.