

FILED JUN 26 1947

Registration District No. 71

Primary Registration District No. 5551

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Howell

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

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

(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days)

In this community 73 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERT MELTON FINE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frances Burgess Fine

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

7. Birth date of deceased February 27, 1864  
(Month) (Day) (Year)

8. AGE: 83 Years 3 Months 4 Days  
If less than one day hr. min.

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

10. Usual occupation Farmer

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

12. Name George Fine

13. Birthplace Montgomery Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha

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

16. (a) Informant Earl Fine

(b) Address West Plains, Mo. Rt. 3

17. (a) Mt. Zion Cem. (b) Date thereof June 1, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Creek Twp., Howell County

18. (a) Signature of funeral director Hal Thorough

(b) Address West Plains, Mo.

19. (a) June 6 - 1947 (b) Beatrice Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town "Rural" Spring Creek Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. West Plains, Mo. Rt. 3.  
(If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1947 hour 12: minute 40 a. m.

21. I hereby certify that I attended the deceased from 4 May 1947 to 31 May 1947  
that I last saw him alive on 4 May 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Decomposition

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

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

Other conditions 45C  
(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? \_\_\_\_\_  
(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)  
(c) Means of injury \_\_\_\_\_

23. Signature Beatrice Cook (M. D. or other) M.D.  
Address West Plains, Mo. Date June 47

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

16  
00

RECEIVED

District Officer No. 5  
64 7328  
District  
6-25-47  
Date Filed

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.....

S. L. Duncan

Registered Apprentice No. 390

working under my personal supervision.

Signed *Hal Thomburg*

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.