No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 25953

Registrar's No. 671-A

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 727 N. Freemont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 25 Years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 727 N. Freemont
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Betty Ann Finkbiner
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 3 (Day) 1875 (Year)

8. AGE: Years 73 Months 4 Days 10 If less than one day hr. min.

9. Birthplace: Christian County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housewife

MOTHER FATHER
12. Name: Tom Hendrix
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: R.H. Finkbiner (son).
(b) Address: Willard, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Robberson Prairie
18. (a) Signature of funeral director: J.W. Klingner & Co.
(b) Address: Springfield, Missouri
19. (a) 8-19-48 (Date received local registrar) (b) M. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from August 13, 1948 to ~~, 19~~; that I last saw her alive on August 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema	1 day
Due to: Chronic Myocarditis	?
Due to:	
Other conditions: Paralysis right arm (Include pregnancy within 3 months of death)	
Major findings:	
Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? Means of injury:

23. Signature: Kenneth C. Coffey (M. D. or other M.D.)
Address: Springfield, Mo. Date signed: 8-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1948

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.