

FILED NOV 1 1948

Registration District No. 73

Primary Registration District No. 3003

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Barry Monett
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 401 County Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 401 County Road 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME John Fink

3. (b) If veteran, name war None
3. (c) Social Security No. 702-03-9534

4. Sex M. D. 5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Flora Bell Fink
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May 10 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 5
If less than one day hr. _____ min. _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Truck Dept worker

11. Industry or business Frisco R.R.

MOTHER FATHER
12. Name Jake Fink
13. Birthplace Heidelberg Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Lehman
15. Birthplace Heidelberg Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dolores Marshall

(b) Address 401 County Road Monett Mo

17. (a) Burial (b) Date thereof Oct. 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.O.F. Cem. Monett Mo.

18. (a) Signature of funeral director Dillon Funeral Home

(b) Address Monett Mo.

19. (a) 10-18-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 1-10-48 to 10-15-48, 1948
that I last saw him alive on 10-15-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 2 days

Due to Multiple cerebral sclerosis 1 yr

Due to Valvular Heart disease + hypertension several yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy g. 2. 9

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? _____

(Specify type of place) While at work? (c) Means of injury 0

23. Signature F. J. Manninghoff (M. D. or other) _____
Address Monett Mo. Date signed 10/16/48

RECEIVED

District Health Officer No. 6,
District File Number 1048-1216
Date Filed 10-29-48

REC'D
&
ADM

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 J.P. Buchanan
Licensed Embalmer No. 3149
P. O. Address Monett 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.