N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24837
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 126
(b) Township Whitewater Primary Registration District No. 51743 Registered No. 4
(c) City ~~Whitewater~~ R.F.D. #1 (d) Street No. Whitewater, Mo. R.F.D. #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lena ~~Fingerhut~~ Fingerhut
(a) Residence, No. Whitewater, Mo. R.F.D. #1 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Fingerhut

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1863

7. AGE: Years 77 | Months 0 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Tilsit Mo. 0

FATHER
13. NAME Fred Bohnsack 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 9

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mr. Charles Fingerhut Whitewater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion M.E. Cemt. DATE July 14, 1940

19. FUNERAL DIRECTOR (NAME) L.L. Haman 122
(ADDRESS) Cape Girardeau, Mo.

20. FILED 7/14, 1940 Mrs W.M. Ford. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
C.E.P. Pneumonia, Coronary Thrombosis, Contusion after being struck by a tractor, giving way. The cause of death of the deceased Mrs. Lena Fingerhut was her death was a Heart Failure	

Other contributory causes of importance:

2DDN

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? (Yes)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E.P. Pinkard Coroner, ~~M.D.~~
(Address) U.S. Penitentiary Cape Girardeau

(Licensed Embalmer's Statement on Reverse Side)

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 Howard L. Hanson

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.