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DEC 5 - 1940

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Primary Registration District No. 3009

Registrar's No. 377

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

1. PLACE OF DEATH:

(a) County Cape

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day
(Specify whether years, months or days)

In this community Years

3. (a) PRINT FULL NAME Juanita Fink

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 3 19 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name B. W. Fink

13. Birthplace _____ Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Harris

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

16. (a) Informant Mrs. Murlin Scott

(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof 10-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Missouri.

19. (a) 10-11-40 (b) John Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10 year 1940 hour 3 minute 30 AM.

21. I hereby certify that I attended the deceased from 11-9-40 to 11-10-40 1940
that I last saw him alive on 11-10-40 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: epoplexy

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? _____

121 While at work? (Specify type of place) (e) Means of injury _____

23. Signature W. Ashley (M. D. or other) _____
Address 761 Broadway Date signed 11-11-40

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.....

Jean Cooper

Licensed Embalmer No. 4119

P. O. Address..... Bloomfield, 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.