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K23159

JUN 19 1941

19428  
State File No.

Registration District No. 37 Primary Registration District No. 5053 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Barry  
 (b) City or town Washburn, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community All of Life  
 years, months or days)

3. (a) PRINT FULL NAME George Walter Fine  
 (b) If veteran, name war No  
 (c) Social Security No. none

4. Sex Male 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 (Day) (Year)  
 7. Birth date of deceased March 27 1877  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 16 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER  
 12. Name Joe Fine  
 13. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Elizabeth Andes  
 15. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Kirsty Still  
 (b) Address Washburn, Missouri

17. (a) Burial (b) Date thereof May 14 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation King-Roller Cem.

18. (a) Signature of funeral director Horine & Culver  
 (b) Address Cassville, Missouri

19. (a) 6/4/41 (b) Truda Eiden  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barry  
 (c) City or town Washburn, Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 12th  
 year 1941 hour 6 30 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 8 1935 to Mar. 5 1941  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis. Duration 10 years.  
 Due to Chronic distended nephritis. ?  
 Due to Nephritic hypertension. ?

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations 1/2/0  
 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?

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury 7  
 23. Signature W. McDaniel (Attending physician)  
 Address Cassville, Mo. Date signed 5/13/41

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

RECEIVED  
District Health Officer No. 6,  
District File Number 641-980  
Date Filed JUN 16 1949

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

E Gordon Bennett

Registered Apprentice No. 250

working under my personal supervision.

Signed

J E Horine

Licensed Embalmer No. 1414

P. O. Address Cassville Miss

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

If this body is not embalmed, fact should be so stated above.