

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 9148

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: 2301 N. FORT  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 YR.  
(Specify whether years, months or days)

In this community 7 YR.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 3rd

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 2301 N. Fort  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EARNEST J. RINKER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th  
year 1944 hour 4 minute 45 P. M.

3. (b) If veteran, name war NONE 3. (c) Social Security No. UNK.

21. I hereby certify that I attended the deceased from 10/12, 1944 to 12/14, 1944  
that I last saw him alive on 12/14, 1944  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife GERTIE O. RINKER 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased FEB. 16, 1883  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 20hr

8. AGE: Years 61 Months 9 Days 28 If less than one day hr. min.

Due to 100% Depression

Due to 83%

9. Birthplace Emporia Kan.  
(City, town, or county) (State or foreign country)

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation Tailor of Pressing

Major findings: Of operations None

11. Industry or business Press shop of Tailoring

Of autopsy no

12. Name Frank R. Rinker

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

14. Maiden name Laura Elliott

15. Birthplace Emporia Kan.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertie Rinker  
2301 N. Fort, Springfield, Mo.  
(b) Address

17. (a) Burial (b) Date thereof Dec. 16-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. W. Higgins  
Springfield, Mo.  
(b) Address

19. (a) 12-16-44 (b) J. W. Handy  
(Photo received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature J. J. Freeman (M. D. or other)  
Address Springfield Mo Date signed 12/15/44

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

MOTHER FATHER

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

X