

FILED JUL 3 1946
Registration District No. _____

Primary Registration District No. **3010**

1. PLACE OF DEATH:

(a) County Cape Girardeau County
(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 48 hrs
(Specify whether years, months or days) 48 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Portageville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Raymond E Flink

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

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

7. Birth date of deceased April 7 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 2 5 hr. min.

9. Birthplace Portageville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name John E Flink Jr

13. Birthplace Bolling Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Glassberry

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

16. (a) Informant John E Flink Jr

(b) Address Portageville Mo

17. (a) Burial (b) Date thereof 6-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo

18. (a) Signature of funeral director De Lisle Funeral Parlor

(b) Address Portageville Mo

19. (a) 6-23-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1946 hour 12 minute 1 M.

21. I hereby certify that I attended the deceased from June 11 1946 to June 12 1946
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute pulmonary edema
Due to Heart failure
a terminal event
Due to rheumatic heart
disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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)
(e) Means of injury ✓

23. Signature J. L. Hedrick (M. D. or other) MD
Address Jackson Mo Date signed 6-16-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

• District File Number 746-2306

• Date Filed 7-6-46

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 Donald J. Vargas
Licensed Embalmer No. 4336
P. O. Address Tortogeville, Md.

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.