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2-43
17-39
X3897

FILED NOV 15 1948

Registration District No. 43

Primary Registration District No. 4232

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town Willow Springs
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town Willow Springs
(If outside city or town limits, write "RURAL")
 (d) Street No. 713 High Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALLIE RINKER

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex F. 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife E.H.Rinker 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased April 24, 1864
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 23
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name L.R.Green

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

14. Maiden name Martha Inman

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

16. (a) Informant Mrs. C.J.Ferguson,
 (b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 10/19/48.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dawt Cemetery

18. (a) Signature of funeral director Burns Funeral Home
 (b) Address Willow Springs, Missouri.

19. (a) 10/19/48 (b) Maribelle Ballard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
 year 1948 hour 2 minute --- A.M.

21. I hereby certify that I attended the deceased from Oct 2nd
 1948 to Oct 16 1948
 that I last saw her alive on Oct 12 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage. Duration 14 days.

Due to Cerebral arteriosclerosis and hypertension

Other conditions ---
(Includes 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? _____

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

23. Signature Richard E. Musser (M. D. or other) _____
 Address Willow Springs, Mo. Date signed Oct 18

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

MOTHER FATHER

RECEIVED 11-9-48
District Health Officer No. 5,
District No. 1148694
Date Filed 11-21-11

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.....

..... Fred W. Barnes Registered Apprentice No. ~~114~~ 244
working under my personal supervision.

Signed..... *T.R. Burns*
T.R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.