

STANDARD CERTIFICATE OF DEATH

State File No. 36795

Registration District No. 1114

Primary Registration District No. 1114

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Johnson Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution
(Specify whether

In this community _____
years, months or days 2 1/2 0 11 0

3. (a) PRINT FULL NAME Wilford Samuel Rackley

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

4. Sex M. 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 9 - 11 - 1921
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>X</u>	<u>6</u>	hr. <u>✓</u> min.

9. Birthplace Oregon Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation farmer.11. Industry or business "

12. Name Jack Rackley

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

14. Maiden name Esther Mitchell

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

16. (a) Informant's own signature W. J. Rackley

(b) Address Alton Mo. R-1

17. (a) Burial (b) Date thereof 9-17-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barley Mo.

18. (a) Signature of funeral director Family

(b) Address Alton Mo. R-1

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature) 11/1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Alton, R-1.
(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. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 1939 hour 12:20 minute _____ M.

21. I hereby certify that I attended the deceased from July, 1939, to June, 1939;

that I last saw him alive on June, 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death Phenoraige of lungs Duration 4 hours

Due to Phenoraige of lungs

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? _____

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

23. Signature W. J. Rackley (M. D. or other) !
Address Alton Mo. Date signed !

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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.

RECEIVED

District Health Officer No. 5,

District File Number. 1189417

Date Filed 11.3.39

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36795-
Do not use this space.

1. PLACE OF DEATH

(a) County Oregon Registration District No. 1064
(b) Township Johnson Primary Registration District No. 3842 Registered No. 6
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (0) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilford Samuel Rieckley

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED X (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 X 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Oregon Co (STATE OR COUNTRY)

FATHER 13. NAME Jack Rieckley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Kirtie Marshall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Alpha Jones Rt-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Burdley Co DATE 9-17 1939

19. FUNERAL DIRECTOR (ADDRESS) Family

20. FILED 12-15 1939 W. J. Cotham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17 1939

22. I HEREBY CERTIFY, That I attended deceased from

1939 to 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Heart failure of lung
Enlarged Heart

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) S. W. Hilton M. D.

(Address) Alton

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S Exact statement of OCCASION OF DEATH in plain terms, so that it may be properly classified.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **36798-**

Registration District No. **1064**

Primary Registration District No. **5842**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Oregon**
(b) City or town **Thurston Jax**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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.? _____ years.

3. (a) PRINT FULL NAME **Wilford Samuel Rockley**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **s**

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **18** Months **x** Days **6** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

DECLARATION OF DEATH

20. DATE OF DEATH: Month **9** day **19** year **1939** hour _____ minute _____ M.

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

Immediate cause of death **hemorrhage of lungs**

Due to **enlarge heart**

Due to **Probable T. B. of lungs II**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **73**

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) Means of injury _____

23. Signature **S. W. Hilton** (M. D. or other) _____

Address **Alton Ind** Date signed _____

SUPPLEMENTAL