

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

43403
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 375
 (b) Township 1 Primary Registration District No. 27901
 or SPRINGFIELD
 (c) City College (d) Street No. 308 St.
 (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 236 John Rector St.
612 S. Market (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dore Rector
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-2-75
 7. AGE YEARS 64 MONTHS 0 DAYS 24 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist
 9. Industry or business in which work was done, as saw mill, bank, etc. Dr. Store
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him and alive on 12-26, 1939. Death is said to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:

gun shot wound through heart

Date of onset

Other contributory causes of importance: 167

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 FATHER 13. NAME John Rector
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 MOTHER 15. MAIDEN NAME Lina Davis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 17. INFORMANT Mrs. John Rector (ADDRESS) Springfield, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Maple Park DATE 12-27-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clay Johnson Springfield, Mo.
 20. FILED 12/27/39 Chas. A. Deane M. D. (Address) Greene County
 Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 12-26-1939
 Where did injury occur? Springfield Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Dr. Store
 Manner of injury suicide
 Nature of injury 410 shot gun wound through heart
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. H. White M. D.
Greene County

Springfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Wayne Hinkle*

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

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

If this body is not embalmed, above space should be left blank.

X