S. No. 2
—11-10-39
. 5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25427

AUG 9 1940

Registration District No. 4 11

Primary Registration District No. 2 002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

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

In this community few hours.

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa

(c) City or town Zincville, Okla. (If outside city or town limits, write "RURAL")

(d) Street No. None. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Lewis Rector 236

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 8, 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Infant.

11. Industry or business

FATHER 12. Name George William Rector

13. Birthplace Sycamore Springs Arkansas (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Leona Ruth McClure

15. Birthplace Bear Creek Springs, Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant George William Rector

(b) Address Zincville, Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation Picher Okla.

18. (a) Signature of funeral director John R. Shrum

(b) Address Lake Funeral Home Picher Okla

19. (a) 7-19-40 (Date received local registrar) (b) Ed D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day July year 1940 hour minute 4:00 P. M.

21. I hereby certify that I attended the deceased from 7-17-40, 19..., to 7-18-40, 19..., that I last saw him alive on 7-18-40, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Heart failure	3 hrs
Due to Dehydration	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Howard (M. D. or other)

Address Joplin Mo Date signed 7-19-40

(Licensed Embalmer's Statement on Reverse Side)

40-8-306

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, above space should be left blank.