FILED DEC 14 1940

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

38070
Do not use this space.

1. PLACE OF DEATH
(a) County BATES Registration District No. 50
(b) Township Memorial Hospital Primary Registration District No. 3004 Registered No. 87
(c) City Butler, Mo (d) Street No. Jones 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. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Irene Rector
(a) Residence, No. Rockville Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Orville Rector

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1908

7. AGE: Years 32 | Months 2 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) El Dorado Spgs. Mo.

FATHER
13. NAME Claude Dale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Dorado Spgs Mo

MOTHER
15. MAIDEN NAME Pearl Smiley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Center Ia.

17. INFORMANT (ADDRESS) Mrs. Claude Dale El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clintonville DATE 11-30 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Awwaggoner Harwood Mo

20. FILED Nov 30 1940 Nina L Culver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 30 A m.
The principal cause of death and related causes of importance were as follows:

2nd + 3rd Degree Burns of approximately one half Body Surface - caused by pouring Kerosene on a fire.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury 11/29, 1940
Where did injury occur? Rockville - Bates Co. - Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Kitchen Stove - exploded - in Home
Manner of injury Pouring Kerosene on Fire
Nature of injury 2nd + 3rd Degree Burns of Body
24. Was ~~disease or~~ injury in any way related to occupation of deceased? Yes
If so, specify Housewife
(Signed) [signature], M. D.
53 (Address) Rich Hill, Mo
Coroner, Bates Co. Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
District File Number 12-40-1752
Date Filed 12-11-40

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 ..... [illegible]

Licensed Embalmer No. 2709

P. O. Address Harwood 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, above space should be left blank.