

No. 2
4-12-40
5-17-39
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FILED MAR 11 1941 85
Registration District No.

Primary Registration District No. 1001

State File No. 6309
Registrar's No. 184

1. PLACE OF DEATH: **BUCHANAN**
 (a) County
 (b) City or town: **ST. JOSEPH**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
STATE HOSPITAL No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **1 yr, 10 mo, 29**
 (Specify whether
 In this community **1 yr 10 mo 29 da.**
 years, months or days)

3. (a) PRINT FULL NAME: **Joseph Rector**
 (b) If veteran, name war: **-**
 (c) Social Security No.: **720**

4. Sex: **male**
 5. Color or race: **Colored**
 6. (a) Single, widowed, married, divorced: **married**
 (b) Name of husband or wife: **Miss Tommie Rector**
 (c) Age of husband or wife if alive: **years**
 7. Birth date of deceased: **January 6 1906**
 (Month) (Day) (Year)

8. AGE: Years **35** Months **1** Days **6**
 If less than one day: hr. min.

9. Birthplace: **Waff** / **Oklahoma**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Houseman**

11. Industry or business:

MOTHER FATHER
 12. Name: **Joe Rector Sr.**
 13. Birthplace: **Oklahoma**
 (City, town, or county) (State or foreign country)
 14. Maiden name: **Jackson**
 15. Birthplace: **Oklahoma**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Records State Hosp # 2**

(b) Address: **St. Joseph, Mo.**

17. (a) **Removal** (b) Date thereof: **Feb 13 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Kansas City, Mo.**

18. (a) Signature of funeral director: **Watkins Bros.**

(b) Address: **1729 Lydia Ave. N.C. Mo.**

19. (a) **Feb 13 1941** (b) **D. J. Deathbush**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Missouri** (b) County: **Jackson** 11/1/7
 (c) City or town: **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No.: **1612 Olive**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12**
 year **1941** hour **1** minute **45** P.M.

21. I hereby certify that I attended the deceased from **January 15**, 1941, to **Feb 12**, 1941;
 that I last saw him alive on **Feb 12**, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Syphilitic meningitis encephalitis with Psychosis**
 Duration: **1938**

Due to: **30 B**

Due to: **30 B**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: **no operation**
 Of autopsy: **no 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): **no**

(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: **D. P. Johnson** (M. D. or other) **M. D.**

Address: **State Hosp # 2 St. Joseph** Date signed: **2-12-41**

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

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 Isaac Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address 1120 E 23rd St.

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.