

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6581

State File No.

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 611 S. Cedar St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 2 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin **36**
(c) City or town Washington **4**
(If outside city or town limits, write "RURAL")
(d) Street No. 611 S. Cedar St. **2**
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th,
year 1942 hour 11:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 2, 1939
to 2-17-42
that I last saw him alive on Feb. 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration
From 2-2-39
to 2-17-42

Due to
Due to

Other conditions Senility **2-2739**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **61**
Of autopsy No
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 [Signature] (M. D. or other)
Address Washington, Mo. Date signed

3. (a) PRINT FULL NAME Alonzo Rector.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of ~~husband's~~ wife. Ida Belle Rector. 6. (c) Age of ~~husband's~~ wife if alive. 68 years

7. Birth date of deceased. October 15th, 1860.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 2 hr. min.

9. Birthplace Unknown, N. Carolina!
(City, town, or county) (State or foreign country)

10. Usual occupation Farming. (State or foreign country)

11. Industry or business X

12. Name Bert Rector.

13. Birthplace Unknown, N. Carolina!
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

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

16. (a) Informant E. S. Vandergilt
(b) Address 611 S. Cedar Washington, Mo.

17. (a) Burial (b) Date thereof Feb. 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bland, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Washington, Mo.

19. (a) FEB. 18-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

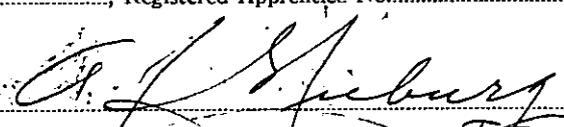
[Signature]

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. 23807

P.O. Address Washington, 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, fact should be so stated above.