

No. 2  
-5-43  
5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24578**  
Registrar's No. **219**

**FILED AUG 5 1946**

Registration District No. **277** Primary Registration District No. **5922**

**1. PLACE OF DEATH:**

(a) County **Pettis**

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

(c) Name of hospital or institution:  
**Beaman**  
(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 **lifetime**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **William Thomas Rector**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Mrs. Martha Cooper Rector** 6. (c) Age of husband or wife if **50** years

7. Birth date of deceased **April 28, 1880**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
66	2	21	hr. min.

9. Birthplace **Beaman, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Agriculture**

12. Name **Thomas Rector**

13. Birthplace **Pettis County, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ella Lee**

15. Birthplace **Pettis County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martha Rector (wife)**

(b) Address **Beaman, Mo.**

17. (a) **Burial**  
(Burial, cremation, or removal) (b) Date thereof **7/21/46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Salem Cemetery**

18. (a) Signature of funeral director **Dwaine Ewing**

(b) Address **Sedalia, Mo.**

19. (a) **7/20/46** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Pettis**

(c) City or town **Beaman**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Beaman**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **19** year **1946** hour **12:40** minute **P** M.

**21. I hereby certify that I attended the deceased from** **July 18** 19**46** to **July 19** 19**46**

that I last saw him alive on **July 19 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to **Cardio-renal insufficiency**

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **131a**

Duration \_\_\_\_\_

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **2**

**23. Signature** **Byron L. Duncan** (M.D. or other) **20**  
Address **Sedalia, Missouri** Date signed **7-20-46**

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

MOTHER FATHER

251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed

9-3-46

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

*Diane Ewing*

Licensed Embalmer No.

3847

P. O. Address

*Salisbury*

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.