

No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 9 1948

Registration District No.

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

2988
State File No.

Registrar's No.

796

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... Missouri Baptist Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Lincoln
(c) City or town..... Winfield
(If outside city or town limits, write "RURAL")
(d) Street No..... R. R.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... James Randall Rector

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

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..... September 17 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 4 7 hr. min.

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... None

11. Industry or business.....

12. Name..... James V. Rector

13. Birthplace..... Lincoln Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary Ruth Admire

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

16. (a) Informant..... J. V. Rector

(b) Address..... Winfield, Mo.

17. (a) Burial (b) Date thereof..... 1-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Albert E. Hoppe

(b) Address..... 4700 Washington Blvd.

19. (a) Jan 26 1948 (b) J. F. Brewer
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan. day..... 24
year..... 1948 hour..... 12 minute..... 45 P. M.

21. I hereby certify that I attended the deceased from..... Dec 27 1947 to Jan 24 1948
that I last saw him alive on..... Jan 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... diarrhea type undetermined

Due to.....
Due to..... 119

Other conditions.....
(include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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.....

Signature..... J. W. Star White M.D.
Address..... 4500 Blue Date signed..... 1/26/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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

Henry M. Brammer

Licensed Embalmer No.

4200

P. O. Address

St. Louis

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.