No. 2
-2-43
-17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1948

Registration District No. 9

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4395

State File No.

Primary Registration District No. 4157

Registrar's No. ~~28~~ 17

1. PLACE OF DEATH:

(a) County: DADE

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

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: NONE (Specify whether years, months or days)

In this community: 74 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: DADE

(c) City or town: DADEVILLE
(If outside city or town limits, write "RURAL")

(d) Street No.: NONE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: No

3. (a) PRINT FULL NAME: DONA G. RECTOR

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: J.M. RECTOR

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: NOV - 0 - 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	13	hr. min.

9. Birthplace: DADEVILLE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: HOME

11. Industry or business: HOME

FATHER
12. Name: EWELL LAFFOON
13. Birthplace: NO RECORD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ARENA RUSSELL
15. Birthplace: NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant: J. M. Rector

(b) Address: Dadeville, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation: DADEVILLE MASONIC CEM.

18. (a) Signature of funeral director: Sam E. Semenary Jr.

(b) Address: Greenfield, Mo.

19. (a) 2-17-48 (Date received local registrar) (b) Geo R. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 13 year: 1948 hour: 2 0 minute: 45 A.M.

21. I hereby certify that I attended the deceased from Feb 10 1948, to Feb 13 1948, that I last saw him alive on Feb 12 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorhage

Due to: Age. Hypertension

Due to:

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

Major findings: Of operations: 83A

Of autopsy: none

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: B B Kirby (M. D.)

Address: Dadeville Mo. Date signed: 2-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-274
Date Filed MAR 4 1948

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. Sam E. Sensenney Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.