

FILED JUN 26 1948

State File No. _____

Registration District No. 86

Primary Registration District No. 5329

Registrar's No. 23-1248

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Rural Oak Hill Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near Oak Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Oak Hill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Rector

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah Bunton Rector
6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 11 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 3
If less than one day hr. _____ min. _____

9. Birthplace (near) Union Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Attane Rector

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

14. Maiden name Suzane Maser

15. Birthplace ** N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Rector

(b) Address Cuba, Mo. Route 1

17. (a) Burial (b) Date thereof 6-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warren Cem. Tea, Mo.

18. (a) Signature of funeral director Michael N. Winter
(b) Address Owensville, Mo.

19. (a) 6-16-48 (b) Paula B. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from 1-15 1948 to 6-14 1948;
that I last saw him alive on 6-8 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration with terminal decompensation
Duration 6 mos.

Due to _____
Due to _____

Other conditions Atherosclerosis
(Include pregnancy within 3 months of death) 5 yrs.

Major findings:
Of operations None
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? _____

While at work? _____ (Specify type of place) (e) Means of injury MI

23. Signature Paula B. [Signature] (M. D. or other) MD
Address Owensville, Mo. Date signed 6-16-48

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

MOTHER FATHER

RECEIVED 6-19-48
District Health Officer No. 5
District File Number 87-12-9
Date Filed 6-21-48

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
Harvey Kahle
....., Registered Apprentice No. 9
working under my personal supervision.

Signed Margaret N. N. Winter
Licensed Embalmer No. 3838

P. O. Address Owensville, 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.