

S. No. 300
M-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **32428**
Registrar's No. **16**

FILED NOV 6 1948
Registration District No. **83**

Primary Registration District No. **4746**

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

1. PLACE OF DEATH:

(a) County **Cooper**

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

(c) Name of hospital or institution:
At home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **All of life.** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Mrs. Alice Cordelia Rector.**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George Rector.**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **September 27 1869**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Near Wooldridge, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **At home.**

MOTHER FATHER { 12. Name **Levi Shepard.**

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

14. Maiden name **Johanna Campbell.**

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

16. (a) Informant **George Rector.**

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

17. (a) **Burial** (b) Date thereof **October 31st 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gooch Mill, Mo.**

18. (a) Signature of funeral director **Goodman & Boller.**

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

19. (a) **11-3-1948** (b) **Dr. A. L. Meredith**
(Date received local registrar) (Registrar's signature) **72**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** **270**

(c) City or town **Wooldridge**
(If outside city or town limits, write "RURAL") **50**

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29**
year **1948** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 29 1948** to **Nov 1 1948**
that I last saw her alive on **Oct 29 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Strangulatory Ventral Hernia** **3 days**
Duration

Due to **Hernia following appendectomy performed in 1945**

Due to _____

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

Major findings:
Of operations **10 2 2**

Of autopsy _____

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 **1**

23. Signature **W. E. Stone** (M. D. or other) **MD**

Address **Boonville MO** Date signed **11-1-48**

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

William H. Wood

Licensed Embalmer No.

4539

P. O. Address

Boonville, 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.