

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41214  
Registrar's No. 397

Registration District No. 376

Primary Registration District No. 3060

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

1. PLACE OF DEATH:

(a) County St. Francois  
 (b) City or town Farmington, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 2 years years, months or days

3. (a) PRINT FULL NAME HENRY A RECKER  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499-03-4794  
 4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Julia Bauer Recker 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased APRIL 27, 1881  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 7 22 hr. min.

9. Birthplace St. Liberty, Ill.  
 (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business \_\_\_\_\_  
 12. Name Henry Recker  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Mary Recker  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henry Recker  
 (b) Address Farmington, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 12-22-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary (St. Louis)

18. (a) Signature of funeral director Chas. J. ...

(b) Address Farmington, Mo.

19. (a) 12-20-48 (Date received local registrar) Ether R. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST FRANCOIS  
 (c) City or town FARMINGTON  
 (If outside city or town limits, write "RURAL")  
 (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 12 day 19  
 year 1948 hour 7 minute am  
 21. I hereby certify that I attended the deceased from August 10  
 1948 to 12-19 1948  
 that I last saw h. as alive on 12-14  
 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis  
heart disease  
 Duration 3 months

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95%  
 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 0

23. Signature St. Lawrence (M. D. or other) med  
 Address Farmington, Mo. Date signed 12-22-48

RECEIVED

District Health Officer No. 4

District File Number 1248-1614

Date Filed 12-28-48

---

---

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 McCoy

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.**