

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20069
 Do not use this space.

REC'D JUN 14 1939

1. PLACE OF DEATH

(a) County Washington Registration District No. 976
 (b) Township Commerce Mch Primary Registration District No. 6187
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 260 JOHN RECAR
Washington Co. Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grecile Recar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 17 - 1869</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>2</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>always</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Feb 20 - 1939</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Emine Mo</u>		
FATHER	13. NAME <u>Edward Recar</u>	<u>0</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Emine Mo</u>	<u>1</u>
MOTHER	15. MAIDEN NAME <u>Elizabeth Hayes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U S A</u>	
17. INFORMANT (ADDRESS) <u>Emine Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rickwoods Mo</u> DATE <u>May 17 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>A. H. Degen 805</u>		
20. FILED <u>June 1 1939</u> <u>Chas. J. Mactoo</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1938, to May 1939
 I last saw him alive on May 11 1939. Death is said to have occurred on the date stated above, at 10:45 A. M.
 The principal cause of death and related causes of importance were as follows:
Per marriage
Cerebral

Other contributory causes of importance: old

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. C. Gibson Jr. M.D. M. D.
 (Address) Pataskala Mo.

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,

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.