

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

31761
 Do not use this space.

OCT 19 1939

1. PLACE OF DEATH

(a) County Andrew Registration District No. 912
 (b) Township Wandalia Primary Registration District No. 4550
 (c) City Wandalia (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Rector (EMMA RECTOR)
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mom Rector

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Handwriting
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER 13. NAME Geo T Leach
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Harriet A. Crouch
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mom Rector Wandalia MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Wandalia MO DATE Sept 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. S. Hates

20. FILED Sept 18 1939 Conie F. Ulterstack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1939, to Sept. 16, 1939
 I last saw her alive on Sept. 16, 1939 Death is said to have occurred on the date stated above, at 2:00 P.
 The principal cause of death and related causes of importance were as follows:
Myelogenous leukemia
72 W

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory 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? NO
 If so, specify _____
 (Signed) Phel Bedford, M. D.
 (Address) Wandalia, MO.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

450

RECEIVED

District Health Officer No. 10

District File Number 10-39-1096

Date Filed OCT 12 1939

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 C. B. Waters

Licensed Embalmer No. 3521

P. O. Address Dandonia Md

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.