

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

33202
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Sedalia Primary Registration District No. 3032 Registered No. 280
 (c) City Sedalia (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

(a) Residence, No. 236 1410 South Stewart St. _____
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Sedalia, (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Henry Rector

14. BIRTHPLACE (CITY OR TOWN) Afton, (STATE OR COUNTRY) Oklahoma

MOTHER 15. MAIDEN NAME Myra June Rector

16. BIRTHPLACE (CITY OR TOWN) Sedalia, (STATE OR COUNTRY) Missouri

17. INFORMANT John H. Rector (ADDRESS) 1410 S. Stewart

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 9/27/39

19. FUNERAL DIRECTOR (NAME) Duane Ewing (ADDRESS) Sedalia, Mo

20. FILED 9-27- 1939 Mr. Harry Sneed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1939, to Sept 25th, 1939
 I last saw him alive on Sept 25, 1939 Death is said to have occurred on the date stated above, at 2:05 P.M.
 The principal cause of death and related causes of importance were as follows:

Malnutrition
Acute Dec Colitis
 Date of onset 9-7-39
 Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Findings Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Dr. Carlisle M. D., M. D.
9-27-39 (Address) Sedalia Mo

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.

RECORD WITH OBTAINING INFORMATION IS A PERMANENT RECORD

FILED
FILE NUMBER
10/10/39
RECEIVED
Health Officer No. 8,
City of Sedalia, 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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Quane Ewing

Licensed Embalmer No. 38747

P. O. Address Sedalia 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, above space should be left blank.