S. No. 2
—11-10-39
- 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1940

Registration District No. 45

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5067

State File No. 10086

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

(b) ~~City or town~~ Milford Township Rural
(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 2 (Specify whether years, months or days)

In this community 26

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barton

(c) City or town Lamar Mo. Rural R. 2
(If outside city or town limits, write "RURAL")

(d) Street No. Milford Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JACOB DAVID RECTOR

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Francis Rector (c) Age of husband or wife if alive years

7. Birth date of deceased Feb-22-1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	1	8	hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Retired Minister

11. Industry or business

FATHER
12. Name L. G. Rector
13. Birthplace Boling Green Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bettie Elford
15. Birthplace Boling Green Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Guy Rector
(b) Address Milford Mo

17. (a) Round Prairie (Burial, cremation, or removal) (b) Date thereof April 1-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Round Prairie

18. (a) Signature of funeral director G B Berry & Sons
(b) Address Sheldon Mo

19. (a) April 1-40 (Date received by local registrar) (b) Elmer L. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31 year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 4 1940 to Mar 12 1940 that I last saw him alive on Mar 12 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardio-vascular disease

Due to Senility

Due to

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

Major findings:
Of operations ✓

Of autopsy ✓

Duration: Mar 1940

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? No ✓

While at work? ✓ (Specify type of place) (e) Means of injury

23. Signature Thomas G. Duckett (M. D. or other)

Address Sheldon, Mo Date signed 4-1-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.