

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.

Registration District No. 126

Primary Registration District No. 57743

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo.  
 (b) City or town Rural, White Water  
 (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  
 In this community 81 yrs.  
 years, months or days)

3. (a) PRINT FULL NAME HENRY REEKER 260

8. (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 Rachael Emma Reeker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 2 1859  
 (Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days \_\_\_\_\_ If less than one day  
 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name REEKER 6  
 13. Birthplace Germany (State or foreign country)

{ 14. Maiden name Unknown  
 15. Birthplace Germany (State or foreign country)

16. (a) Informant's own signature Emmuel Reeker  
 (b) Address White Water Mo

17. (a) Emmuel (b) Date thereof Mar. 6, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stradersville Cemetery

18. (a) Signature of funeral director R. Miller  
 (b) Address Jackson Mo.

19. (a) 3/6 (b) W. W. Ford  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau  
 (c) City or town Rural White Water Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
 year 1940 hour 3:45 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 1st  
 1940 to March 4 1940  
 that I last saw him alive on March 4 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death influenza  
Carditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9519

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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?  
199  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 28. Signature W. W. Ford (M. D. or other) 1  
 Address Allenville Mo. Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

---

---

**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 Lynna Steel  
Licensed Embalmer No. 2476  
P. O. Address Jackson 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.**