

JUL 9 1940
Registration District No. 457

Primary Registration District No. 56213

State File No. _____

Registrar's No. 11

1. PLACE OF DEATH:

(a) County LAFAYETTE
(b) City or town RURAL Freedom Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway No 13 - Lafayette Co
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9
(Specify whether _____)
In this community Life time
years, months or days

8. (a) PRINT FULL NAME ESTHER REKKOP 210

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May - 1 - 1924
(Month) (Day) (Year)

8. AGE: Years 16 Months 1 Days 07 If less than one day hr. _____ min. _____

9. Birthplace Lafayette Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business 6

12. Name Ed. J. Rekkop

13. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rose Holsten

15. Birthplace Lafayette Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ed. J. Rekkop

(b) Address Concordia MO

17. (a) Rural (b) Date thereof June 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Lutheran Cemetery

18. (a) Signature of funeral director N. L. Dunning

(b) Address Concordia MO

19. (a) June 11 40 (b) Richard M. Shyman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Concordia MO - Rural
(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.? Born U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8
year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-8 - 1940 to 6-8 - 1940

that I last saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death
Broken Neck
(Coroner Case)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 25

Duration

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) Accident

(b) Date of occurrence June 10 1940

(c) Where did injury occur? 13 Hwy 13th St Concordia Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

412 Public place
While at work? (Specify type of place) (e) Means of injury car accident

23. Signature Ed M. Rekkop (M. D. or other) 5

Address Concordia Mo Date signed 7/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-3-40

Handwritten notes and signatures at the top right of the page.

Handwritten notes in the middle right section.

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

Handwritten signature: W. R. Ewen

Licensed Embalmer No. 3070

P. O. Address Wellington, N.H.

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

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