

SEP 19 1940

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

28359
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford 2 Registration District No. 232
(b) Township Leota Primary Registration District No. 53/6
(c) City _____ (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary Agnes Rehurek
(a) Residence, No. Crawford Co. Mo. St. Rural
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clare R. Rehurek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1850

7. AGE YEARS 85 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. None

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) England 4

13. NAME J. C. Becknell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

15. MAIDEN NAME Mary Morrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

17. INFORMANT (ADDRESS) Charles Rehurek Steelville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rehurek Cemetery DATE 7/29 - 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. J. Jones Steelville Mo

20. FILED Sept 6, 1940 J. E. Sanders Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27 - 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1940, to 7-27, 1940. I last saw her alive on 7-23, 1940. Death is said to have occurred on the date stated above, at 11 P. m. The principal cause of death and related causes of importance were as follows: cerebral hemorrhage

Date of onset 3 days

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? If so, specify _____ (Signed) R. G. Passer M. D. (Address) Steelville 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 importa

RECEIVED

District Health Officer No. 5,

District File Number

940962

Date Filed

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.....

No Embalming

Registered Apprentice No.....

working under my personal supervision.

Signed.....

L. J. Jones

Licensed Embalmer No.

2379

P. O. Address

Steelville, 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.