S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32456

Registration District No. 490 | Primary Registration District No. 5653 | Registrar's No. 6

1. PLACE OF DEATH:
(a) County Lincoln Co. Urban
(b) City or town Silex Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 In this community This Community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County Lincoln
(c) City or town Silex Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME George W. Rector
3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah E. Rector
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased June 3rd 1848 (Month) (Day) (Year)

8. AGE: Years 91 | Months 3 | Days 22 | If less than one day — hr. — min.

9. Birthplace Lincoln Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Henry Rector.
FATHER 13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Carolyne Gilpin
MOTHER 15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rose Stephens
(b) Address Silex Mo
17. (a) Burial Rural (Burial, cremation, or removal) (b) Date thereof 9-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Griffinger Cemetery Springs
18. (a) Signature of funeral director M. D. Dudley
(b) Address
19. (a) 9-25-1940 (Date received local registrar) (b) O. H. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 25 day 1940 year 1940 hour 4 — minute — P. M.

21. I hereby certify that I attended the deceased from Sept. 18, 1940, to Sept. 25, 1940, that I last saw him alive on Sept. 25, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Stomach and intestinal Influenza.	
Due to:	
Due to:	
Other conditions: Arteriosclerosis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No autopsy

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

23. Signature O. H. Dawson (M. D. or other)
Address Silex Mo Date signed 9-25-40

(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 W. R. Dammond

Licensed Embalmer No. 2251

P. O. Address Silex 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.