S. No. 2
—11-10-39
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 20 1940

35526

State File No. 4

Registration District No. 400 Primary Registration District No. 55533 Registrar's No. 197

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

1. PLACE OF DEATH:

(a) County Jackson

(b) ~~City or town~~ Prairie Home
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for the aged.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 3 1/2 mo 3 (Specify whether)

In this community Dont know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas city
(If outside city or town limits, write "RURAL")

(d) Street No. 10610 Fulton ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry J. Recker

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 Married

6. (b) Name of husband or wife Clara Recker 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. (Month) 6 (Day) 1876 (Year)

8. AGE: Years 64 Months 4 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Brick mason 9

11. Industry or business 1

FATHER
12. Name No record 4
13. Birthplace No record (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant W. F. McCarthy
(b) Address Little Berry, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem. K.C. Mo

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.

19. (a) 11-4-40 (Date received local registrar) (b) Sara G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1940 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from July 30 - 1940, 19__ to 10/31 - 1940 that I last saw him alive on Oct. 30th - 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertrophy of Heart	2 yrs
Due to Syphilis	20 yrs
Due to Tabes	4 yrs
Other conditions (Include pregnancy within 3 months of death) 80	

Major findings:
Of operations ____
Of 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? 932 (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature F. B. Dailey (M. D. or other)
Address County Home Jack. Co. Date signed 10/31/40

(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.....Ralph E. Miller.....

Licensed Embalmer No.....4124.....

P. O. Address.....Independence, 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.