. No. 2
-4-13-40
5-17-39
FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36515

Registration District No. 821 Primary Registration District No. 4553 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 403 Mathews St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 403 Mathews St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Rechtin
3. (b) If veteran, name war: no / none
3. (c) Social Security No. 429-03-6917
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Rectin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 28th. 1901 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
39	0	6	hr. min.

9. Birthplace McRae (City, town, or county) Arkansas (State or foreign country) 1
10. Usual occupation Lineman 4
11. Industry or business Mo. Utilities Co. 9
MOTHER FATHER
12. Name George Joseph Rechtin 1
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Mattie Price
15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mildred Rectin
(b) Address 706 W. Court St. Paragould, Ark
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation Paragould Ark
18. (a) Signature of funeral director [illegible]
(b) Address Sikeston, Mo
19. (a) 11-6-1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 4th year 1940 hour 2½ minute 30 P.M.
21. I hereby certify that I attended the deceased from Attended as Coroner, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Gunshot Wound in Forehead
Due to
Suicide
Due to
410 Shotgun
Other conditions (Include pregnancy within 3 months of death) 167
Major findings:
Of operations
Of autopsy None

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) Suicide
(b) Date of occurrence October 4th 1940
(c) Where did injury occur? Sikeston (City or town) Scott (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 147 Rooming House (Specify type of place)
While at work? No (e) Means of injury 410 Shotgun
23. Signature John F. Nunnelee Jr. M.D. Coroner
Address Charleston, Mo Date signed 10-4-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 140-1661
Date Filed 11/7/40

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 Harvey S. Johnson

Licensed Embalmer No. 3704

P. O. Address Sedalia, 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, fact should be so stated above.