

Registration District No. 809

Primary Registration District No. 4487

Registrar's No.

1. PLACE OF DEATH:

(a) County Scotland
(b) City or town Gorin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Asbury Rector

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 Eane Rector 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 11 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace West Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Benjamin Rector
13. Birthplace West Va. (City, town, or county) (State or foreign country)

14. Maiden name Nancy Martin
15. Birthplace West Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Suter

(b) Address Gorin, Mo

17. (a) Benjamin Rector (b) Date thereof Feb 28 1941
(Burial) (Month) (Day) (Year)

(c) Place: burial or cremation Warman, Mo

18. (a) Signature of funeral director Geo W. Burkett

(b) Address Gorin, Mo

19. (a) 4/10-41 (b) Mrs E. Shacklett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Gorin (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.? 17 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1941 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan 1st 1939 to Feb 26 1941
that I last saw him alive on Feb 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning 4 days
Due to Eulogus Parotitis 2 yrs
Glaucoma
Due to Paralysis Cerebralis 10 yrs

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

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) _____ (e) Means of injury 11 MD

23. Signature John Johnson (M. D. or other) 11 MD
Address Gorin Mo Date signed 2/10/41

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

719
0
0

RECEIVED

District Health Officer No. 10

District File Number 5-41-849

Date Filed MAY 8 1941

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..... *Geo. V. Roberts*

Licensed Embalmer No. 1817

P. O. Address Bow, Me

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.

Registration District No. 801

Primary Registration District No. 4487

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scotland

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

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Wm Asbury Pector

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year _____ month _____ day

7. Birth date of deceased Mar 11 1826
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 16
If less than one day _____ hr _____ min

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 8 1941 (b) Mrs P.E. Shacklett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 21
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

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? _____

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

23. Signature F.M. Johnson (M. D. or other) _____

Address Garn Mo Date signed _____

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

SUPPLEMENTAL

S-15987