S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17584

FILED JUN 18 1942

Registration District No. 26 Primary Registration District No. 5148 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Nettleton Hamilton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 ABOUT 11 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Nettleton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM MELVIN REX

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 4 (Day) 1927 (Year)

8. AGE: Years 14 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation School age

11. Industry or business

FATHER
12. Name Robt Rex
13. Birthplace Leon (City, town or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Laura Berry
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Robert Rex
(b) Address Nettleton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Princeton Mo

18. (a) Signature of funeral director T. F. McCurk
(b) Address Breckenridge Mo

19. (a) June 7 42 (Date received local registrar) (b) Bess Jane Neary (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 6 year 1942 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Dead When viewed, 19, to, 19, that I last saw h alive on Not at all, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning in Railroad Tank

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

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) accidental drowning
(b) Date of occurrence June 6 1942
(c) Where did injury occur? Nettleton (City or town) Caldwell (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? near Nettleton Missouri (Specify type of place)
While at work? (e) Means of injury

23. Signature A. R. Worley (M. D. or other)
Address Breckenridge Mo Date signed June 7-42

(Licensed Embalmer's Statement on Reverse Side)

1165

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

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 T. F. McPeek, Registered Apprentice No. ....., working under my personal supervision.

Signed T. F. McPeek

Licensed Embalmer No. 1570

P. O. Address Breckenridge 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.