

No. 2
I-4-13-40
v. 5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED AUG 19 1942
STANDARD CERTIFICATE OF DEATH

State File No. 25594

Registration District No. 889-368

Primary Registration District No. 6185 624-86185

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Richwoods
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington
(c) City or town Richwoods
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) Rural
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Edward Recas

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 _____

6. (b) Name of husband or wife Emma (c) Age of husband or wife if _____ years

7. Birth date of deceased December 6 - 1860
(Month) (Day)

8. AGE: Years 82 Months 6 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Wm Recas

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

14. Maiden name Elizabeth

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

16. (a) Informant Alexander Recas

(b) Address Richwoods Mo

17. (a) Burial (b) Date thereof 7-6-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richwoods Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 4 year 1942 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 26, 1942 to July 4, 1942
that I last saw him alive on July 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to R Side

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 30
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 [Signature] (M. D. or other) _____
Address Palat Mo Date signed 7/5/40

RECEIVED

District Health Officer No. 4

District File Number 842-1057

Date Filed 8-12-57

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

John L. Shiebes

Licensed Embalmer No. 3008

P. O. Address Pacific 1740

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.