. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34965

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 153

97
2

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo. Cutter
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbons Hospital 0 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 2
(If outside city or town limits, write "RURAL")

(d) Street No. 660 So. Ellsworth
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Walter Louis Recks

3. (b) If veteran, name war No

3. (c) Social Security No. 487-09-6959

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ellis Miller Recks

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan. (Month) 23 (Day) 1895 (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	8	2	hr. min.

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

10. Usual occupation Ass't. Foreman in Cutting

11. Industry or business Dep't. at International Shoe Factory

FATHER
12. Name Edward Recks
13. Birthplace Chicago (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wolff
15. Birthplace Port Hudson (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Walter Recks
(b) Address 660 So. Ellsworth St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Sweeney
(b) Address Marshall Mo

19. (a) Oct 7-42 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1942 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 2, 1942 to Oct. 5, 1942 that I last saw him alive on Oct 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Flu with meningitis	3 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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

23. Signature A. C. Putnam (M. D. [illegible])
Address Marshall Mo Date signed 10-7-42

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 11-10-42

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 J. Leslie Swaney
Licensed Embalmer No. 3235
P. O. Address Marshall 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.