

FILED FEB 11 1943
Registration District No. **227**

Primary Registration District No. **5-804**

Registrar's No. **1**

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

1. PLACE OF DEATH:

(a) County **MONROE**

(b) City or town **RURAL - JACKSON TWP**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 MI NORTH OF GOSS, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 YRS.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**

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

(d) Street No. **2 MI N OF GOSS**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **JEFFERSON DAVIS RECTOR**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **4**
year **1943** hour **1:00** minute **A.M.**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **BENNIE RECTOR**

6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased: **JAN. 31, 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 14** to **Jan. 5, 1943**
that I last saw him alive on **Jan. 5, 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **11** Days **5**
If less than one day hr. min.

Immediate cause of death **Chronic Anemia**

Due to **130**

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **RUDRAIN Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

MOTHER FATHER } 12. Name **JERRY RECTOR**

13. Birthplace **KY. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **CATHERINE MELLON**

15. Birthplace **M.K. 1**
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **J.R. Rector**

(b) Address **PARIS, Mo.**

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?

17. (a) **BURIAL** (b) Date thereof **Jan. 7, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation **Central Union**

18. (a) Signature of funeral director **Speed & Slakey**

(b) Address **Paris, Mo.**

23. Signature **F. A. Barnett** (M. D.)
Address **PARIS, Mo.** Date signed **1-6-43**

19. (a) **1-6-43** (b) **KATHRYN POAGUE**
(Date received local registrar) (Registrar's signature)

1274

RECEIVED

District Health Officer No. 10

District File Number 2-43-250

Date Filed FEB 10 1943

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 A. G. Blakey
Licensed Embalmer No. 12414
P. O. Address Paris, 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.