S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED AUG 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25893

State File No.

Registration District No. 302 Primary Registration District No. 4451 Registrar's No. 1423

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Naylor Mo (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 13 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley

(c) City or town Naylor Mo (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 — 0

3. (a) PRINT FULL NAME John Henry Reke

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 Widowed

6. (b) Name of husband or wife Mattie Whittaker Reke

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

7. Birth date of deceased Oct (Month) 31 (Day) 1861 (Year)

8. AGE: Years 81 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Spencer Co. (City, town, or county) Ind (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Reke
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Meyers
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Anna Jackson

(b) Address Naylor Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 23, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Dale Ind

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor Mo

19. (a) May 23-43 (Date received local registrar) (b) Bertha White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1943 hour 9 minute 30 a M.

21. I hereby certify that I attended the deceased from May 16, 1943 to May 22, 1943 that I last saw him alive on May 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Labor pneumonia	6 days
Due to —	
Due to — 168	
Other conditions chronic nephritis (Include pregnancy within 3 months of death)	(?)

Major findings:
Of operations none
Of autopsy none

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? (e) Means of injury

23. Signature H Ewhite (M. D. or other) M.D.

Address Naylor Mo Date signed 3/28 43

1217

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 843487
Date Filed 8-6-43

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 B. C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.