

FILED OCT 3 1945 STANDARD CERTIFICATE OF DEATH

State File No. 31557

Registration District No. 3193 Primary Registration District No. 6080

Registrar's No. 52

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

1. PLACE OF DEATH: **Ste Genevieve**

(a) County **Ste Genevieve**

(b) City or town **Salene Township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Y**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **72 years** (Specify whether years, months or days)

In this community **72 years**

2. USUAL RESIDENCE OF DECEASED: **75**

(a) State **MISSOURI** (b) County **STE GENEVIEVE**

(c) City or town **RURAL** (If outside city or town limits, write "RURAL") **0**

(d) Street No. **0** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country

3. (a) PRINT FULL NAME **Wm. Marion Rector**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **14** year **1945** hour **5** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Tilda Rector** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **9 11 1873**
(Month) (Day) (Year)

Immediate cause of death: **CHEST CRUSHED BY FALLING TREE, ACCIDENTAL DEATH,**

Due to _____

Due to _____

8. AGE: Years **72** Months **2** Days **3** If less than one day hr. min.

Duration

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Weingarten, Rt. #1** (City, town, or county) (State or foreign country) **Mo**

10. Usual occupation **Farmer**

Major findings: Of operations

Of autopsy

MOTHER FATHER

11. Industry or business

12. Name **Wm. A. Rector**

13. Birthplace **North Carolina** (State or foreign country) **1**

14. Maiden name **Mary Steven**

15. Birthplace **unknown** (City, town, or county) (State or foreign country) **4**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **ACCIDENT**

(b) Date of occurrence **SEPT. 14-1945**

(c) Where did injury occur? **STE GENEVIEVE CO, MO** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **FARM**

16. (a) Informant **Mrs. Edwards, Daughter**

(b) Address **Weingarten, Rt. #1**

17. (a) **B.** (b) Date thereof **9/17/45** (Month) (Day) (Year)

(c) Place: burial or cremation **Park View** (City, town, or county) (State or foreign country) **Mo**

PHYSICIAN

Underline the cause to which death should be charged statistically.

1150
19

18. (a) Signature of funeral director **G. H. Cozean** **Farmington, Mo.**

(b) Address

19. (a) **Sept. 16/45** (b) **T. W. Douglas** (Date received local registrar) (Registrar's signature)

While at work? **YES** (Specify type of place) (c) Means of injury **ACCIDENT**

23. Signature **Lea C. Baker** (M.D. or other)

Address **Ste Genevieve Mo** Date signed **9/16/45**

RECEIVED

District Health Officer No. 4
District File Number 1045-1131
Date Filed 10-1-45

DEC 5 1945

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Nellie Hartes

Licensed Embalmer No. 2969

P. O. Address Farmington 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.