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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20647

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 237

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1228 West South Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Four Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Lebanon 1
(If outside city or town limits, write "RURAL")

(d) Street No. None 21
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MARGARET ADALAIDE RECTOR

3. (b) If veteran, name war --------

3. (c) Social Security No. ---------

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Simon Franklin Rector

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

7. Birth date of deceased May (Month) 26, (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	1	hr. min.

9. Birthplace Clark County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Harrison Frashier
13. Birthplace No Data (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Lucinda Pickenpaw
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Lottie M. Casteel
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation Roach, Missouri

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri

19. (a) 7-2-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27, year 1946 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 10, 1946 to June 27, 1946 that I last saw her alive on June 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy (Cerebral Hemmorrhage) — Duration June 23

Due to Hypertension & arteriosclerosis — 5 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 830

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?
(Specify type of place)

While at work? (e) Means of injury 21

23. Signature L. W. Higgins (M. D. or other) Do.

Address Buckner Mo Date signed 6/29/46

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3156

P. O. Address Independence, Missouri

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.