No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7921

FILED MAR 29 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 361

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2016½ Bartlett St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 44 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2016½ Bartlett St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Bessie Winifred Reckard
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: Carl
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 28, 1903 (Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 11 If less than one day: hr. min.

9. Birthplace: St. Joseph, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: home
FATHER
12. Name: William Cox
13. Birthplace: Falls City, Nebr (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mabel Newell
15. Birthplace: Fairbury, Nebr (City, town, or county) (State or foreign country)
16. (a) Informant: Bertha Reckard
(b) Address: 2016½ Bartlett St, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 3-25-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from November 28, 1946 to March 9, 1948; that I last saw her alive on March 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Epidermoid Carcinoma; Carcinoma of Vulva and Rectum	5 yrs.
Due to: Metastasis to lungs and Bladder	6 mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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PHYSICIAN
Underline the cause of 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: E. H. Werner (M. D. or other)
Address: Kirkpatrick Building, St. Joseph, Missouri — Date signed: 3-12-48

Jefferson City Printing Co. (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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.