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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1945

Registration District No. 373

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6067

17953

State File No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Rural Speedwell Twp
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Speedwell Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME G. OSCAR TECTOR

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fannie Tector 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb 22 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Ills (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Franklin Tector

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Olivia Moore

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hal Oade

(b) Address Schell City, Missouri

17. (a) Rural (b) Date thereof 5-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem

18. (c) Signature of funeral director Gwinn-Siders

(b) Address El Dorado Springs, Mo

19. (a) 5-12-45 (b) A. B. Woodrich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1945 hour 8 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 29, 1945, to Apr 30, 1945 that I last saw him alive on Apr 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to unknown

Due to unknown
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy No

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. W. Richardson (M. D. or other) Triffin Date signed 5-7-45
Address _____

Duration Two days

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

RECEIVED

District Health Officer No. 7,--

District File Number 5-45-549

Date Filed 6-11-45

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.....

Q B Sidero

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs

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.