

REC'D APR 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11142  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Walcena Primary Registration District No. 2002  
(c) City Joplin (d) Street No. South Duquesne Registered No. Central Ave and Mo Pac. R.R. tracks  
(e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert H. Rentzrow  
(a) Residence, No. 20th Duquesne St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
19 8 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. rep. a  
9. Industry or business in which work was done, as saw mill, bank, etc. Truck Driver  
10. Date deceased last worked at this occupation (month and year) March 8, 1939  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

FATHER 13. NAME H. B. Rentzrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER 15. MAIDEN NAME Annadenton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) H. B. Rentzrow  
20th Duquesne

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark mem DATE 3-13-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon  
Joplin Mo.

20. FILED 3-13-39 E. D. Jensen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939, to March 8, 1939.  
I last saw him/her alive on March 8, 1939. Death is said to have occurred on the date stated above, at 10:10 a.m. 3/8/39.  
The principal cause of death and related causes of importance were as follows:

Train & Truck col- lision. Body mutilated. Decapitated, both legs cut off, one arm cut off. Disemboweled.

Other contributory causes of importance: Train accident on Y. crossing

Name of operation none Date of 206

What test confirmed diagnosis? quest Was there an autopsy? in-

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 3/8/1939  
Where did injury occur? Joplin, Jasper Co., Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Railroad Crossing  
Manner of injury Train struck truck  
Nature of injury Body mutilated

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) H. M. Winchester Coroner, M. D.  
(Address) Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE LIVING WITH OR RAPING IN THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number

6-39-840

Date Filed

APR 12 1939

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,

*Don Petrak*

, or by

Registered Apprentice No....., working under my personal supervision.

Signed

*Don Petrak*

Licensed Embalmer No.

*21008*

P. O. Address

*Joplin*

**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, above space should be left blank.**