

1939 AUG 14 1039

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25449

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 75

## 1. PLACE OF DEATH:

(a) County Cooper 1  
 (b) City or town Bronnville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Alex Van Ravenswaay Clinic.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
 (Specify whether  
 In this community yes  
 years, months or days)

3. (a) PRINT FULL NAME ROSELINE FRANKS RENTROW

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 married

6. (b) Name of husband or wife James Rentrow 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct - 6 1888  
 (Month) (Day) (Year)

8. AGE: Years 50 + 8 Months 27 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace near Pilot Grove MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Joe Coffmann

18. Birthplace unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name unknown  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James E. Rentrow

(b) Address Independence Mo

17. (a) Burial (b) Date thereof 7-4-1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clayton C.E.M., Cooper Co.

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prarie Home MO

19. (a) 7-3-39 (b) Cooper  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 1  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Cooper Co.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-3-39 Day \_\_\_\_\_  
 year 1939 hour 7:30 A.M. M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 6-25-39  
 \_\_\_\_\_, 19\_\_\_\_, to 7-3, 1939;

that I last saw her alive on 7-2, 1939,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of stomach & perforation and general peritonitis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Hb  
 (include pregnancy within 3 months of death)

Major findings: Adhesions of all p  
organs and omentum  
of stomach

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 23. Signature Hubrey H. Wells (M. D. or other) MO  
 Address Bronnville, Mo Date signed 7-3-39

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/2/39

**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.....

P. O. Address.....

**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.**