

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

43172
Do not use this space.

1. PLACE OF DEATH
 (a) County Cooper Registration District No. 218
 (b) Township Bellevue Primary Registration District No. 3013
 (c) City Bunceton Mo (d) Street No. Van Ravenswoy Clinic Registered No. 142
 (e) Length of residence in city or town where death occurred yrs. / mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME THOMAS WESLEY RENFROW
 (a) Residence, No. Bunceton Mo. R. 5, D. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie E Renfrow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau county, Mo
 FATHER 13. NAME Alexander Renfrow
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau county, Mo
 MOTHER 15. MAIDEN NAME Susan Stephens
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau county, Mo
 17. INFORMANT J. N. Renfrow
 (ADDRESS) Bunceton Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bunceton, Mo DATE Dec. 31, 1939
 19. FUNERAL DIRECTOR Parker Funeral Service
 (ADDRESS) Bunceton, Mo.
 20. FILED 12-30, 1939 W. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 28 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1939, to 12-28, 1939
 I last saw him (alive) on 12-28, 1939 Death is said to have occurred on the date stated above, at 8:40 p. m.
 The principal cause of death and related causes of importance were as follows:
Themia Date of onset Sept. 1939
 Other contributory causes of importance:
Prostatic hypertrophy & chronic retention
 Name of operation None Date of See
 What test confirmed diagnosis? None Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Dubey H. Wells M. D.
 (Address) Bonville, 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.

RECEIVED
District Health Officer No. 8,
11/9/40

STATEMENT BY LICENSED EMBALMER

I, Lucius F. Parker Licensed Embalmer No. 3840

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Lucius F. Parker

Licensed Embalmer No. 3840

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.)