

FILED DEC 12 1949
Registration District No. 1949

Primary Registration District No. 5868

Registrar's No. _____

1. PLACE OF DEATH *Wardell, Little River Twp*
 (a) County *Pemiscot*
 (b) City or town _____
 (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)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo* (b) County *Pemiscot*
 (c) City or town *Wardell Rural*
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME *ORVILLE Rentro*
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *11* day *23*
 year *41* hour *5:00* minute *P.*
 21. I hereby certify that I attended the deceased from *11-23-41*
 _____, 19____, to *11-23-41*
 _____, 19____, that I last saw him alive on *11-23-41*
 _____, 19____, and that death occurred on the date and hour stated above.

4. Sex *male* 5. Color or race *white* 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife *Marion Rentro* 6. (c) Age of husband or wife if alive *32* years
 7. Birth date of deceased *Monticello*
 (Month) *12* (Day) *24* (Year) *1888*

Immediate cause of death
Skull Fracture 15min
Fractured lumbar vertebrae
 Due to *Fractured pelvis*
Fracture, both bones
 Due to *Left leg above ankle*
Right Struck by car
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
<i>about 52</i>	<i>10</i>	<i>29</i>		hr. _____ min. _____

9. Birthplace *Pemiscot Co Mo*
 (City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business _____
 12. Name *James Gilbert Rentro*

13. Birthplace *Pemiscot Co Mo*
 (City, town, or county) (State or foreign country)

14. Maiden name *Marion Nelson*

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

16. (a) Informant *Orville Rentro*
 (b) Address *Wardell, Mo*

17. (a) *Wardell, Mo* (b) Date thereof *11 25 41*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Cooter Ave*

18. (a) Signature of funeral director *At 58 South 3rd*
 (b) Address *Caruthersville Mo*

19. (a) *11 23 41* (b) *J.R. Greay*
 (Date received local registrar) (Registrar's signature)

Major findings: _____
 Of operations *1100 - 10*
 Of autopsy *1121*

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) *Accident 10*
 (b) Date of occurrence *11-23-41*
 (c) Where did injury occur? *Wardell, Pemiscot, Mo*
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
County Highway A at edge of Wardell
 While at work? *No* (Specify type of place) (e) Means of injury _____
 23. Signature *R.A. Bussalora* (M. D. officer) *O.M.D.*
 Address *Wardell, Mo* Date signed *11-23-41*

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

17-41-5

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

H. Smith

Registered Apprentice No.

working under my personal supervision.

Signed

H. Smith
2900

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, fact should be so stated above.