

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

FILED FEB 27 1942
Registration District No. **104**

Primary Registration District No. **3008**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 da (Specify whether
In this community 10 wks - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper **29**
(c) City or town Bunceton
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Cord Ann Renfrow

3. (b) If veteran, name war _____ 3. (c) Social Security No. 076

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Newton Renfrow 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased unknown (Month) (Day) (Year)

20. DATE OF DEATH: Month January day Twelfth year 1942 hour 5:45 minute _____ P.M.

21. I hereby certify that I attended the deceased from Dec 10 1941 to Jan 12 1942 that I last saw her alive on Jan 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Hypertension - Arteriosclerosis
Due to _____
Other conditions Pelvic Peritonitis & Abscess
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Charles Bingley Harris
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Warhurst
15. Birthplace Chariton Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Son - H. T. Renfrow
(b) Address California - Mo
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation Bunceton
18. (a) Signature of funeral director L. E. Purker
(b) Address Bunceton Mo
19. (a) 1-12-42 (b) (Mrs) Jane M. Renfrow (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: No
(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) (e) Means of injury _____
23. Signature George F. Wood (M. D. or other) MD
Address Fulton Mo Date signed 1/12/42

1147

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

Signed.....

L. G. Parker

Licensed Embalmer No.

23-47

P. O. Address.....

Benatar mo

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6133

Registration District No. 104

Primary Registration District No. 3008

Registrar's No.

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(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
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Cora A Renfrow

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years 69 Months Days If less than one day min

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19.....;
that I last saw him/her alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

pelvic Peritonitis Abscess
Due to abscess basal ligament
non-tuberculous
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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) (e) Means of injury.....
23. Signature George J. Wood (M. D. or other) MD
Address Fulton Date signed 9/1/12

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

SUPPLEMENTARY

