

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 204

FILED NOV 18 1943

Registration District No. 294

Primary Registration District No. 4440

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

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Renick  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Renick  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Hazel Venable

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 Kirtley Venable 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 6<sup>th</sup> 1890 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 : 2 : 29 hr. min.

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

10. Usual occupation At home

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name John W. Sutton  
13. Birthplace Indiana (City, town, or county) (State or foreign country)  
14. Maiden name Christine Mottern  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Kirtley Venable  
(b) Address Renick, Mo.

17. (a) Burial (b) Date thereof Oct 7<sup>th</sup> 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Mahan and Son  
(b) Address Moberly, Mo.

19. (a) 10-6-43 (b) Irma Kovel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5<sup>th</sup>  
year 1943 hour \_\_\_\_\_ 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 2<sup>nd</sup> to Oct 5<sup>th</sup>, 1943  
that I last saw her alive on Oct 4<sup>th</sup>, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinoma  
originated breast metast  
Due to to lung & abdomen  
Due to \_\_\_\_\_

Duration

2 y.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature R.O. Griffels (M. D. or other)  
Address Moberly, Mo. Date signed 10/6/43

JUN 8 1949

RECEIVED

District Health Officer No. 10

District File Number 11-43-1868

Date Filed NOV. 16 1949

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, fact should be so stated above.