V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37623

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 120

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nov 12-45 (Specify whether
In this community since 1925 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town 406 S Division
(If outside city or town limits, write "RURAL")
(d) Street No. Joplin Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Renfro
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 Forest M. Renfro
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased October (Month) 5 (Day) 1878 (Year)

8. AGE: Years 67 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Greenfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business House wife
FATHER
12. Name William Girder
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Higgins
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Della Webb
(b) Address 619 Porter ave Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pennsboro, Mo
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W. 4th St. Joplin Mo
19. (a) 11-30-1945 (Date received local registrar) (b) P. L. Pritchett MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1945 hour 3 minute 30 a M.
21. I hereby certify that I attended the deceased from Nov 11, 1945 to Nov 23, 1945 that I last saw her alive on Nov 25, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia & Shock	
Due to Fracture of left Hip	
Due to	
Other conditions Chronic Myocarditis (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) Fractured Hip
(b) Date of occurrence Nov 11 1945
(c) Where did injury occur? In Home Joplin (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home. Mo (Specify type of place)
While at work? (e) Means of injury Fall.
23. Signature H. B. Dean D.O. (Licensed Embalmer's Statement on Reverse Side)
Address Joplin, Mo. Date signed 11-26-45

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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. K. Lynn Waite

Licensed Embalmer No. 4240

P. O. Address Joplin, 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.