

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1947

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 144

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: S.S. South Orchard 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 42

(c) City or town: Clinton  
(If outside city or town limits, write "RURAL")

(d) Street No.: 515 S. Orchard 2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: EDWARD LEE RENTRO

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 6 day: 28  
year: 1947 hour: 11 minute: 45 A.M.

21. I hereby certify that I attended the deceased from June 28, 1947 to June 28, 1947  
and that I last saw him alive on June 28, 1947 and that death occurred on the date and hour stated above.

4. Sex: male race: w

5. Color or race: w

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Sadie Lee Rentro

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: Sept 14 - 1881  
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis 6 mo

Due to: Hypertension 7 yr

8. AGE: Years: 65 Months: 9 Days: 14 hr: min:

Due to: apoplexy 2 mo

9. Birthplace: Henry Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

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

PHYSICIAN: \_\_\_\_\_

11. Industry or business: \_\_\_\_\_

12. Name: B. L. Rentro

13. Birthplace: Mo

14. Maiden name: Martha Ann Hudson

15. Birthplace: Mo

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

Of autops: 952

Underline the cause of which death should be charged statistically.

16. (a) Informant: Mrs. E. J. Wilson  
(b) Address: Deepwater Mo

17. (a) Burial: (b) Date thereof: 6-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood

18. (a) Signature of funeral director: Omalus + Piet  
(b) Address: Clinton Mo

19. (a) 6-30-47 (b) R. R. Kenney  
(Date) (Registrar's signature)

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?: \_\_\_\_\_  
(Specify type of place)

While at work?: \_\_\_\_\_ (c) Means of injury: \_\_\_\_\_

23. Signature: G. Walker (M. D. or other) M.D.  
Address: Clinton Mo Date signed: 6-29-47

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

RECEIVED  
District Health Officer No. 7,  
District File Number 6-47-787  
Date Filed 7-7-47

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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 R. B. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.