

2 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40280

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Ball's Bluff Primary Registration District No. Ball's Bluff
 City Springfield (No. 749 E. Loren) St. Mo. (Ward)
 2. FULL NAME Mrs. Jessie Grace Rensch
 (a) Residence. No. 749 Loren St. Mo. Ward. 1
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. G. Rensch
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 - 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 | 5 | 29 |
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pack Co. Mo. (STATE OR COUNTRY)
 10. NAME OF FATHER H. F. White
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Minnie Lock
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)

14. INFORMANT C. O. White (Address) Munford Mo.
 15. FILED 1218 28 19 28 Cl. Horst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 7 1928
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 9:30 A.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Skull
Automobile Accident
6 miles west Springfield on Highway # 66. Greene Co. (duration) yrs. mos. 9 ds.
 CONTRIBUTORY (SECONDARY) 210 M / 88 C (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH? _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 6, 1928
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Operation
 (Signed) Monroe C. Stone M. D.
Dec 8, 1928 (Address) Springfield, Mo.

*State the DISEASE CAUSING DEATH, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park DATE OF BURIAL 12-9-28
 20. UNDERTAKER Alva Schueyer ADDRESS 534 S. Main

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

