MAR 20 1939

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

5723
Do not use this space.

1. PLACE OF DEATH
(a) County Adair
(b) Township
(c) City Kirksville
Registration District No. 4
Primary Registration District No. 3021
Registered No. 47
(d) Street No. Grim-Smith Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. 6 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. F. S. Rinehart (Arlene)
(a) Residence, No. St. Novelty, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Franklin S. Rinehart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 - 1907
7. AGE Years 31 - Months 10 Days 13 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. H. wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Novelty Mo.

FATHER
13. NAME Thomas E. Garnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

MOTHER
15. MAIDEN NAME Edna O. Blair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Ill.

17. INFORMANT (ADDRESS) W. E. Garnett Novelty Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Novelty Mo. DATE March 6 1939

19. FUNERAL DIRECTOR (NAME) Kent Thomas
(ADDRESS) Edina Mo.

20. FILED March 4 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to March 4, 1939
I last saw her alive on March 4, 1939. Death is said to have occurred on the date stated above, at 9:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute heart failure	3-4-39
acute myocarditis.	

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Other contributory causes of importance:
Appendicitis, acute
Peritonitis, acute,

Name of operation Appendectomy Date of 2-26-39
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. C. Pimp, M. D.
(Address) Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOTE.—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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-258
Date Filed MAR 10 1939

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.