

AUG 14 1939

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

26719  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 6018A  
 (c) City Near Farmington or (d) Street No. State Hospital No. 4 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

526 George W. Renegar  
 (a) Residence, No. Birch Tree, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widower</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Martha Mitchell</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Unknown</b>				
7. AGE	YEARS <b>82</b>	MONTHS <b>0</b>	DAYS <b>0</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Farming</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	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) <b>Tennessee</b>				
FATHER	13. NAME <b>Stephan Ellis Renegar</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tennessee</b>			
MOTHER	15. MAIDEN NAME <b>Susan McGehee</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tennessee</b>			
17. INFORMANT <b>Records of State Hospital No. 4</b> (ADDRESS) <b>Farmington, Mo.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Montreal, Mo.</b> DATE <b>7-8</b> , 19 <b>39</b>				
19. FUNERAL DIRECTOR (NAME) <b>Chas. Richardson</b> (ADDRESS) <b>Farmington, Mo.</b>				
20. FILED <b>July 7, 1939</b> <b>B. J. Robinson</b> <i>Local Registrar.</i>				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-6**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **3-23**, 19**39**, to **7-6**, 19**39**  
 I last saw him alive on **7-5**, 19**39**. Death is said to have occurred on the date stated above, at **12:20 am**.  
 The principal cause of death and related causes of importance were as follows:  
**Senility - Terminal.**  
**Psychotic exhaustion.** *gpc*

Other contributory causes of importance:  
**Generalized arteriosclerosis.**  
**Chronic bronchitis. Chronic myocarditis. Chronic cholecystitis.**

Name of operation: **None** Date of **no**  
 What test confirmed diagnosis? **Clin. & Lab.** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **no** Date of injury....., 19.....  
 Where did injury occur? **no** (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) **G. Davis Graves**, M. D.  
**699** (Address) **Farmington, Mo.**

**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.....

*Chas. Richardson*

Licensed Embalmer No.....

*3167*

P. O. Address:.....

*Farmington*

**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, above space should be left blank.**