

SEP 12 1939

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

29740
 Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 581
 (b) Township Monroe Primary Registration District No. 4343
 (c) City Monroe City or (d) Street No. 311 N. VINE Registered No. 20
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 311 N VINE 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Lucinda Margaret Renshaw
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 3-1883
 7. AGE YEARS 86 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman 10 yrs.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6th 1939
 I HEREBY CERTIFY That I attended deceased from July 4th 1939 to Aug 6th 1939
 I last saw him alive on Aug 5th 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1932
A3C
 Other contributory causes of importance Hypertrophied Prostate 1929
 Name of operation None Date of None
 What test confirmed diagnosis Physical Autopsy 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? None (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) John H. Hibbs, M. D.
513 (Address) Monroe City Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichsville Ohio
 13. NAME William A. Renshaw
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland
 15. MAIDEN NAME Rachel P. Gatchell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 17. INFORMANT (ADDRESS) Miss Georgia Renshaw Monroe City Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Judea Semetary Monroe City Mo. DATE Aug-8 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son Monroe City Mo.
 20. FILED Aug 7 1939 W.D. Pippin Local Registrar.

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.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1575

Date Filed SEP-5-1939

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City 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, above space should be left blank.