

FILED FEB 19 1940

Registration District No. 77

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper 3
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
20th & Duquense
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 24 Days
years, months or days

8. (a) PRINT FULL NAME Richard Harland Rentfrow

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 4, 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>5</u>	<u>2</u>	hr. _____ min.

9. Birthplace Hollister, California
(City, town, or county) (State or foreign country)

10. Usual occupation No Occupation

11. Industry or business _____

12. Name Kenneth Rentfrow

18. Birthplace Joplin, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Conrow

15. Birthplace Duenweg, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kenneth Rentfrow
(b) Address Tres Pinos, Calif.

17. (a) Burial (b) Date thereof Jan. 8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Sharnhill Dillon

(b) Address 305 W 4th St Joplin Mo

19. (a) 1-8-40 (b) Ed D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County _____
(c) City or town Tres Pinos
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1940 hour 3 minute 50 A. M.

21. I hereby certify that I attended the deceased from once only
Jan. 6 - 1940, 19____;
that I last saw him alive on Jan 6th 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency

Due to _____

Due to in 2nd

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

28. Signature Ottis L. Dickey (M.D. or other) DD

Address Joplin, Mo. Date signed _____

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.

1 X1031

RECEIVED

District Health Officer No. 6,

District File Number 940-542

Date Filed FEB 15 1940

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..... David Dillon

Licensed Embalmer No. 3898

P. O. Address..... Joplin, 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.