

Registration District No. **207**

Primary Registration District No. **6129**

Registrar's No. **31**

1. PLACE OF DEATH:  
(a) County Taney  
(b) City or town Branson  
(c) Name of hospital or institution Home-Branson  
(d) Length of stay: In hospital or institution Home  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME George Rufus Renshaw  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NO

4. Sex male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Florence J. Renshaw  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Oct. 19 - 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>22</u>	hr. min.

9. Birthplace Taney Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name John Renshaw  
13. Birthplace Illinois  
14. Maiden name Smith  
15. Birthplace Branson Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's name Florence J. Renshaw  
(b) Address Branson Mo

17. (a) Burial  
(b) Date thereof April 4 1940  
(c) Place: burial or cremation at Bull Creek

18. (a) Signature of funeral director P. A. Thornhill  
(b) Address Branson Mo

19. (a) 4-3-1940 (b) John H. Baxter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Taney  
(c) City or town Branson  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 1  
year 1940 hour 4 minute 02 M.  
21. I hereby certify that I attended the deceased from March 26, 1940, to April 1, 1940,  
that I last saw him alive on March 31, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries due to being gored by a bull  
Duration 5 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None  
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) Accident  
(b) Date of occurrence March 26 - 1940  
(c) Where did injury occur? Taney - Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm  
While at work? yes (Specify type of place) (e) Means of injury gored by bull  
23. Signature Harry T. Evans (M. D. or other) M.D.  
Address Branson Mo Date signed 3/2/40

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. 6,

District File Number 540-1202

Date MAY 2 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

*T. A. Thornhill*

Licensed Embalmer No.

2641

P. O. Address:

Braunton rd

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.