

FILED JUL 18 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 161

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH Calloway  
 (a) County Calloway  
 (b) City or town Tulton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital # 1 21  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 18 days  
 (Specify whether  
 In this community D. K.  
 years, months or days)

3. (a) PRINT FULL NAME Viola Renoe  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Alexander Renoe  
 6. (c) Age of husband or wife if alive dead 28 years  
 7. Birth date of deceased Oct. 28 1865  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 6  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Moniteau County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Watson Norfleet  
 13. Birthplace Calloway Co Mo. D.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sara Catherine Nichols  
 15. Birthplace Calloway Co Mo. D.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
 (b) Address State Hospital # 1

17. (a) Burial (b) Date thereof June 5, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director Leo H. Wallace  
 (b) Address Tulton Mo. 106

19. (a) June 4, 1941 (b) P. N. Creib  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 14  
 (a) State Missouri (b) County Calloway  
 (c) City or town Rural Rt # 3  
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
 year 1941 hour 5 minute A. M.  
 21. I hereby certify that I attended the deceased from May 17, 1941  
 to June 2, 1941  
 that I last saw her alive on June 2, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 3 days  
 Duration

Due to 937  
 Due to \_\_\_\_\_

Other conditions Chronic Myocarditis  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 \_\_\_\_\_

23. Signature Katherine Shirley (M. D. or other) P.M.D.  
 Address State Hospital # 1, Tulton Date signed 6-3-41

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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.....

*Harold J. Christy*

Licensed Embalmer No. *4002*

P. O. Address. *Dutton, 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, fact should be so stated above.