

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

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.

FILED MAR 20 1942

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 49

1. PLACE OF DEATH

(a) County Linn Rural
(b) City or town _____
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME WESLEY RENSLOW

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Feb - 11 - 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 30 min.

9. Birthplace Brookfield Township, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Wesley Renslow

13. Birthplace Kirkville, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Frema Schepfer

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

16. (a) Informant's own signature Wesley Renslow

(b) Address Brookfield, Mo

17. (a) Burial (b) Date thereof Feb-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Michael Cemetery

18. (a) Signature of funeral director Hill Funeral Chapel

(b) Address Brookfield, Mo

19. (a) Feb-11-1942 (b) W N Cannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1942 hour 6 minute _____ M.

21. I hereby certify that I attended the deceased from Feb-11 _____, 1942 to Feb 11 _____, 1942
that I last saw him alive on Feb 11 _____, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Birth Trauma

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
160C

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 _____

23. Signature N W Alexander (M. D. or other) P.O.

Address Brookfield, Mo Date signed Feb 11

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.....

Licensed Embalmer No.....

P. O. Address.....

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.