S. No. 2
M—5-42
v. 5-17-39
I 1X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28582

FILED SEP 1 1943

Registration District No. 168

Primary Registration District No. 5610

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural, Jefferson Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 1, Windsor /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R # 1, Windsor
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Irene Angeline Rinard

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David Rinard

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February (Month) 11 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	5	17	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Thomas Guthridge
13. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Susanna Steel
15. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant David Rinard
(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) 8-2-43 (Date received local registrar) (b) R A Brominger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 6:45 P M minute ..... M.

21. I hereby certify that I attended the deceased from June, 1943 to July 28, 1943
that I last saw her alive on July 21, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma (Intestinal)	2
Due to	
Due to	
Other conditions Arthritis deformans 8 yrs (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 46

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

23. Signature R. J. Jennings (M. D. or other)
Address Windsor Date signed 7-31-43

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 237

P. O. Address Windsor 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.