S. No. 2
0M—2-43
5-17-39
1 X35697

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

4335

37735

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1943

Registration District No.

Primary Registration District No. 3006-5720

Registrar's No. 278

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 708 Weist St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: X

3. (a) PRINT FULL NAME: JANICE L RENFRO

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

3. (c) Social Security No.: X

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: X

6. (b) Name of husband or wife: Child

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

7. Birth date of deceased: Sept 1st (Month) 1939 (Day) (Year)

8. AGE: Years 4 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Child

11. Industry or business:

MOTHER FATHER

12. Name: Melvin S. Renfro
13. Birthplace: Winthrop (City, town, or county) Arkansas (State or foreign country)
14. Maiden name: Anna L Stone
15. Birthplace: Lebanon (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs M. S. Renfro
(b) Address: 708 Weist St Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: R. L. Willett
(b) Address: Columbia Mo

19. (a) 11-19-43 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 16th year: 1943 hour: 3: minute: P. M.

21. I hereby certify that I attended the deceased from: 2-28 1943 to: Nov. 16 1943 that I last saw h~~e~~ alive on: Nov. 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis (Duration: 1 yr.)
Due to: Hx Rheumatic Fever 52a
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: None
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): No
(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: W. D. Dyson (M. D. or other)
Address: Columbia Mo Date signed: 11-19-43

1250

(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.....

Licensed Embalmer No. 3183

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, fact should be so stated above.