No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17775

FILED MAY 24 1944

Registration District No. ____ Primary Registration District No. 5266 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Highway 65 Finley 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community about 3 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian 22 0

(c) City or town Ozark Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 65
(If rural give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Daisy Renfro.

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

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

6. (b) Name of husband or wife William Renfro 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec (Month) 23 (Day) 1879 (Year)

8. AGE: Years 71 Months 4 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Jerseyville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation House wife

11. Industry or business ____

FATHER
12. Name don't know
13. Birthplace don't know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name don't know
15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant William Renfro.
(b) Address Ozark Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 44 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Mo

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.

19. (a) April 7, 1944 (Date received local registrar) (b) Mabel Mapes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1944 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from Apr 23 1944 to Apr 25 1944 that I last saw her alive on Apr 25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration 4 days

Due to unknown

Due to ____

Other conditions ____
(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) 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 R. R. Tarthing (M. D. or other)

Address Ozark Mo. Date signed Apr 27 44

1361

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 544-576
Date Filed MAY 17 1944

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. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.