S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18379

Registration District No. 137 Primary Registration District No. 5589 Registrar's No. 128

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #3, Carthage
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route #3
(If rural, give location)

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

3. (a) PRINT FULL NAME LILBURN GREENWOOD RENFRO

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. 500-01-4457

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 47 Months Days If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) U (State or foreign country)

10. Usual occupation Unknown

11. Industry or business .....

MOTHER FATHER

12. Name James Renfro

13. Birthplace Unknown (City, town, or county) U (State or foreign country)

14. Maiden name Beckie Hicks

15. Birthplace Unknown (City, town, or county) U (State or foreign country)

16. (a) Informant Chester Pace

(b) Address Route #3, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Fullerton Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) May 29 '44 (Date received local registrar) (b) Elizabeth Coupling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1944 hour 6? minute A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage — Duration

Due to Pulmonary tuberculosis

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

13 f 1

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. V. Hebsler Coroner (M. D. or other)

Address Carthage, Mo. Date signed May 25 '44

(Licensed Embalmer's Statement on Reverse Side)

44-5-46c

JUN 24 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 Ed Ellmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.