

FILED AUG 12 1944

Registration District No. 7

Primary Registration District No. 3008

Registrar's No. 236

1. PLACE OF DEATH

(a) County CALLAWAY  
(b) City or town FULTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 15 E. 9TH  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME MARGARET E. RENOE

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife W. H. RENOE 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased July 31 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 13 If less than one day hr. min.

9. Birthplace CALLAWAY Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Eli TOWNSEND  
13. Birthplace BRADFORD ENGLAND  
(City, town, or county) (State or foreign country)  
14. Maiden name MARGARET KELLY  
15. Birthplace Utica New York  
(City, town, or county) (State or foreign country)

16. (a) Informant DR. W. H. RENOE  
(b) Address FULTON, MO.

17. (a) \_\_\_\_\_ (b) Date thereof July 15, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST

18. (a) Signature of funeral director Glen Y. Mousin  
(b) Address 712 Cant St. Fulton, Mo.

19. (a) July 14 - 1944 (b) Jones Mousinichoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY  
(c) City or town FULTON 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15 E. 9TH ST. 1  
(If rural, give location) 2  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th,  
year 1944 hour 11 minute 55 A M.

21. I hereby certify that I attended the deceased from Mar. 1940  
to Present time  
that I last saw her alive on July 13th, 1944, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency  
following endocarditis (Rheumatic)  
and encephalomalacia, and  
Praesenilis. (age 77)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No autopsy.

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 G. D. McCarty (Physician or other)  
Address Fulton, Mo. Date signed 7/14/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14  
1/2

NOV 9 1954

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-10-44

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

*Glen Y. Maupin*

Licensed Embalmer No.

*2925*

P. O. Address

*Fulton, 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.