V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5291

Primary Registration District No. 1002

Registrar's No. 579

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5638 WOODLAND AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - - - (Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")
(d) Street No. 5638 WOODLAND AVENUE 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 8
If yes, name country - - - - - 0

3. (a) PRINT FULL NAME MRS. AGNES LOUISE RENFRO

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. CHAS. RENFRO

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

7. Birth date of deceased OCT (Month) 7 (Day) 1851 (Year)

8. AGE: Years 93 | Months 3 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace LEXINGTON (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation

11. Industry or business AT HOME

FATHER
12. Name EARL DAVIS
13. Birthplace LEXINGTON (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. JIMMIE T. PORTER
(b) Address 5638 WOODLAND AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 2-5-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 3RD year 1945 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4-21-38, 19__, to 2-3-45, 19__; that I last saw her alive on 1-18-45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Portal obstruction, ascites and general anasarca	2 MO.
Due to: Carcinoma of liver	?
Due to	
Other conditions: Senility. (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46 F
Of autopsy

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? Means of injury

23. Signature Fred J. Lowry (M. D. or other)
Address Professional Bldg. Date signed 2-3-45

(Licensed Embalmer's Statement on Reverse Side)

K.S. Mo.

Dr Ta[redacted]owrey
1032 Professional Bldg.

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 E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.