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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13360

Registration District No. 118 Primary Registration District No. 4190 Registrar's No. 124

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town BLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BLAND
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~3 YRS~~ (Specify whether
In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gasconade
(c) City or town Bland
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS RENFRO
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
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 AUG. 7 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
77	8	3	

9. Birthplace WOOLLAM (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED FARMER
11. Industry or business
FATHER 12. Name PETER RENFRO
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARTHA FULKERSON
15. Birthplace MARIES COUNTY, MO (City, town, or county) (State or foreign country)
16. (a) Informant OLIVER RENFRO
(b) Address WASHINGTON MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-12-1945 (Month) (Day) (Year)
(c) Place: burial or cremation USEFUL MO. CEM.
18. (a) Signature of funeral director Milford H. Winter
(b) Address Owensville Mo.
19. (a) April 12, 1945 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1945 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 4-1, 1945 to 4-10, 1945 that I last saw him alive on 4-10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 8 30	

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 C. A. Bunge M.D. (M. D. or other)
Address Bland Mo Date signed 4-11-45

(Licensed Embalmer's Statement on Reverse Side)

12.87

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

4-25-45 37

APR 30 1945

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 Me

..., Registered Apprentice No.....,

working under my personal supervision.

Signed Milford Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.