

7. S. No. 2  
00M-2-43  
ev. 5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 4 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16029

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2199

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital No. 2  
(d) Length of stay: In hospital or institution 5-14-45 - 5-16-45  
In this community 30 yr.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1326 Forest  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME EFFIE RENFRO  
(b) If veteran, name war no  
(c) Social Security No. none

20. DATE OF DEATH: Month May day 16  
year 1945 hour 8:25 minute a.m. M.

4. Sex female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Perry Renfro  
(c) Age of husband or wife if alive 50 years  
7. Birth date of deceased November 26 1898

21. I hereby certify that I attended the deceased from May 14, 1945 to May 16, 1945  
that I last saw her alive on May 16, 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage

8. AGE: Years Months Days If less than one day  
46 5 20 hr. min.

Due to Diabetes Mellitus  
Due to  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Missouri  
Usual occupation housewife

Major findings: Of operations 61  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Edd Harris  
FATHER { 13. Birthplace unk. 9  
14. Maiden name unk.  
15. Birthplace unk. 9  
16. (a) Informant Record Clerk  
(b) Address Gen. Hosp. #2  
17. (a) Burial (b) Date thereof 5-21-45  
(c) Place: burial or cremation Wynceln  
18. (a) Signature of funeral director Adkins Bros  
(b) Address 2000 E. 12th K.C. Mo  
19. (a) 5-21-45 (b) Thereldine Holme

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?  
(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 [Signature] (M. D. or other)  
Address Gen. Hosp #2-6008 22 Date signed 5-17-45

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

**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 A.T. Moore

Licensed Embalmer No. 948

P. O. Address.....

**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.**