S. No. 2
M—8-43
. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30269

State File No. .....

Registration District No. 47 Primary Registration District No. 3164 Registrar's No. 275

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton Mo. Rural
(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 Mary Jones Rentschler
3. (b) If veteran, name war ✓
3. (c) Social Security No. 487-22-0498
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marten Rentschler
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Nov. 5 1903 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
41	9	27	....hr. ....min.

9. Birthplace Fulton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER 12. Name J. H. Wright
13. Birthplace Callaway Co. (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Cora D. Divers
15. Birthplace Callaway Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Martin Rentschler
(b) Address Fulton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Central Cemetary
18. (a) Signature of funeral director J. W. Ross
(b) Address 717 Bluff St. Fulton Mo.
19. (a) 9-5-1945 (Date received local registrar) (b) Josie Mossenkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1945 hour 3 A.M. minute ....M.
21. I hereby certify that I attended the deceased from 9-9-44, 1944, to 9-2-, 1945 that I last saw her alive on 9-1-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemmorage	Duration
Due to High Blood pressure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

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? .....
While at work? ..... (Specify type of place) (e) Means of injury /
23. Signature J. Boots Brown (M. D. or other)
Address Fulton Mo Date signed 9-3-45

(Licensed Embalmer's Statement on Reverse Side)

1147

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-8-45

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 J. W. Rosson
Licensed Embalmer No. 2555
P. O. Address 717 Bluff St. Fulton

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.