S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6397

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 45 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 59

(a) State Missouri. (b) County ~~EX~~Livingston

(c) City or town Chillicothe, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 903 Bryan 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nellie Simanthia Renville

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife Wm Renville

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

7. Birth date of deceased February 7th, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	0	17	hr. min.

9. Birthplace Warren Co. Indiana. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name John George Estherbrook, /
13. Birthplace Ill /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Foster, /
15. Birthplace Ill /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie Estherbrook,
(b) Address Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Avalon, Mo.

18. (a) Signature of funeral director Clifford W. Austin
(b) Address Tina, Mo.

19. (a) Feb-26-1946 (Date received local registrar) (b) Frances B Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day February year 1946 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 4-46, 1946, to Feb. 24, 1946 that I last saw her alive on Feb. 24, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, Bronchial Bilateral	3
Due to Influenza	4
Due to	
Other conditions Diabetis Mellitus (Include pregnancy within 3 months of death)	10 Yrs

Major findings:
Of operations
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? (e) Means of injury 0

23. Signature Joseph A Conrad M. D. ~~or other~~
Address 517 Elm, Chillicothe Date signed Feb 26-46

171 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Lima, Missouri

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.