S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20952

Registration District No. 207 Primary Registration District No. 5753 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Dixon (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
(c) City or town Dixon, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME George Washington Renfrow
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Lenella Renfrow
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June (Month) 19 (Day) 1879 (Year)

8. AGE: Years 65 Months 11 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Maries (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name William David Renfrow
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Ellen Moss
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Ovid Rowden
(b) Address Dixon R3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rowden Cemetery
18. (a) Signature of funeral director Walter P. Hedges
(b) Address Iberia, Mo
19. (a) 6-10-46 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 11 00 minute A M.
21. I hereby certify that I attended the deceased from January 4, 1946, to June 4, 1946; that I last saw him alive on June 4, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	9 Hrs.
Due to: Arteriosclerosis + Malignant Hypertensy	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 21
23. Signature Wm. A. Gould (M. D. or other) DO
Address Iberia Date signed 6/4/46

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(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1946

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~~ Walter P. Hedges, Registered Apprentice No. ....., working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Ferri, 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.