

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 10 1947

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10145

Registration District No. 245

Primary Registration District No. 3837

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:  
NEOSHO TWP  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. NEOSHO TWP  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Columbus Guy RENTFRO

3. (b) If veteran, name war NONE

8. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25  
year 1947 hour 2:35 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Mar 15, 1947, to Mar 25, 1947;  
that I last saw him alive on Mar 25, 1947  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife IDA RENTFRO

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased JANUARY 23 1876  
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to Influenza

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 2 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Benton Co. ARKANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name WILLIAM L. RENTFRO

13. Birthplace ILLINOIS  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA QUEENER

15. Birthplace ILLINOIS  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Ida Renthro

(b) Address Rt #3 Neosho Mo.

17. (a) Burial (b) Date thereof Mar 27 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J. A. G. Perry, Neosho

18. (a) Signature of funeral director Barley Thompson

(b) Address Neosho, Missouri

19. (a) April 1, 1947 (b) Melvin C. Bowman  
(Date received local registrar) (Registrar's signature)

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 Harold Chantz (M. D. or other) M.D.

Address 113 W. Hickory Neosho Mo Date signed April 1 1947

RECEIVED

District Health Officer No. Newton  
District File Number 442-68  
Date Filed 4-8-47

---

---

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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Newark 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, above space should be left blank.**