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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 3017

State File No. _____

Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis Co

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

(d) Street No. 2628 Terrace Lane
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Dora Renshaw

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Frank Renshaw

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

7. Birth date of deceased April 7 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>2</u>	<u>1</u>	hr. min.

9. Birthplace Camp Point Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Hug

11. Industry or business _____

MOTHER FATHER

12. Name Benjamin Ensminger

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

14. Maiden name Sally Ashenfelter

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

16. (a) Informant J. O. Bailey

(b) Address St. Louis, MO

17. (a) removal (b) Date thereof 6-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kans

18. (a) Signature of funeral director Hays - Paulter

(b) Address Pilot Knob, MO

19. (a) 6-8-47 (b) D. Hooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1947 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 25
1947 to June 8 1947;

that I last saw her alive on July 7 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Pneumonia
Due to secondary to fracture of femur in February 1947

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

Duration 2 days
3 days (?)

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) not recent - 27

(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 B. M. Stuart, M.D. (M. D. or other) _____

Address 329 main St. Date signed 6-8-47

RECEIVED

District Health Officer *W. B.*

District File Number

Date Filed

6-27-1917

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

James W. Stegner
Licensed Embalmer No. *3750*
P. O. Address *Brownville*

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.