FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1091

Registration District No. 137 | Primary Registration District No. 4218 | Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Windsor (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 302 E. Jackson (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: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry
(c) City or town: Windsor (If outside city or town limits, write "RURAL")
(d) Street No.: 302 E. Jackson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Mrs. Myrtle Chaney Renfro
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bert T. Renfro
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: September (Month) 8 (Day) 1881 (Year)
8. AGE: Years 67 | Months 3 | Days 24 | If less than one day ____ hr. ____ min.
9. Birthplace: Pike County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____
FATHER
12. Name: Edward Chaney
13. Birthplace: Georgetown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Tivis
15. Birthplace: Tipton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Bert T. Renfro
(b) Address: Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor, Missouri
18. (a) Signature of funeral director: Huston-Jarrell
(b) Address: Windsor, Missouri
19. (a) 1-4-49 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1949 hour 2:00 minute 8 A.M.
21. I hereby certify that I attended the deceased from 1-1-48, 19__, to 1-3 1949 that I last saw h[illegible] alive on 1-3 1949 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brain Tumor (Malignant)	5
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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: ____
23. Signature: Ray B. Jordan (M. D. or other)
Address: Windsor Mo Date signed 1-5-49

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-48-156
Date Filed 1-10-49

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 William M. Turner, Registered Apprentice No. 470 working under my personal supervision.

Signed Ellis M. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.