

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JACKSON TWP. c. LENGTH OF STAY (In this place) 29 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JACKSON TWP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RT. 2, PARIS		d. STREET ADDRESS (If rural, give location) RT 2, PARIS, MO. 0691	

3. NAME OF DECEASED (Type or Print)	a. (First) LUTIE	b. (Middle) BELLE	c. (Last) RENCH	4. DATE OF DEATH (Month) MAR. (Day) 7 (Year) 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 1, 1876	9. AGE (In years last birthday) 74 Months 11 Days 8	IF UNDER 1 YEAR Hours Min.	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HORSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEO. W. ROGERS	13b. MOTHER'S MAIDEN NAME ROSABELLE BOWLING	14. NAME OF HUSBAND OR WIFE THOS. P. RENCH.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME THOS. P. RENCH ADDRESS PARIS, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 8-1-51
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **3-7-51**, 19**51**, to **3-9-51**, 19**51**, that I last saw the deceased alive on **3-7-51**, 19**51**, and that death occurred at **10:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE W. M. Speed (Degree or title) O. M. D.	23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 3-9-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-12-51	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
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DATE REC'D BY LOCAL REG. 3-10-51	REGISTRAR'S SIGNATURE W. A. Barnett, M. D.	435	25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey ADDRESS PARIS, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 2 5 1951

Date Received MAR 12 1951
DISTRICT HEALTH OFFICE #
District File Number 3-57-
Date Filed: MAR 13 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

W. B. Blakey

Signed.....
Student Embalmer

Licensed Embalmer No. 2414

P. O. Address Paris, 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.