WRITE PLAINLY WITH UNFADING INK--THIS IS 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.

201933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29834
3760

PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 29834 3760
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City, Mo. (No. 4246 Harrison St. ..... Ward)

2. FULL NAME Louis B. Renner

(a) Residence, No. 3237 Oak St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frances Renner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 16 1854

7. AGE: YEARS 79 — MONTHS 0 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building Contracter
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

FATHER
13. NAME: Paul Renner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

MOTHER
15. MAIDEN NAME: Elizabeth Renner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mr. H. E. Bean, 4509 Wornall Road, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill — DATE: Sept. 23-33

19. UNDERTAKER (ADDRESS): R.V. Lindsey & Sons, Inc. K.C.Mo.

20. FILED 9-23, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 21-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1.15, 1933, to 9.20, 1933
I last saw him alive on 9.20, 1933. Death is said to have occurred on the date stated above, at 12:30 AM m.
The principal cause of death and related causes of importance were as follows:

Cancer of Prostate — Date of onset

51 C 51

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. R. Hall, M. D.
(Address) 626 Lathrop Bldg