

JUL 12 1939

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

20747  
Do not use this space.

791  
1003

Registered No. 5591

1. PLACE OF DEATH

(a) County ..... Registration District No. 2  
(b) Township ..... Primary Registration District No. 1003  
(c) City ..... (d) Street No. 1410a North 18st.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Fannie Renders  
(a) Residence, No. 1410a n. 18th st. St. 25  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otha Renders		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1900		
7. AGE 39	YEARS 3	MONTHS 24
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. Housewife	
	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) Mo. 0		
FATHER	13. NAME William Jennings 1	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. 1	
MOTHER	15. MAIDEN NAME Ida Hicks	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.	
17. INFORMANT Otha Renders (ADDRESS) 1410a N. 18th. St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE June 24, 1939		
19. FUNERAL DIRECTOR (NAME) Dement & son. (ADDRESS) 2620-31 Wash st.		
20. FILED JUN 24 1939 J. B. Brudick Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1939, to June 20th, 1939. I last saw him alive on June 20, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m. The principal cause of death and related causes of importance were as follows:

acute myocarditis from chronic myocarditis

Other contributory causes of importance: 930

Name of operation ..... Date of .....  
What test confirmed diagnosis? chest Was there an autopsy? No.

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? No  
If so, specify ..... M. D.  
(Signed) J. B. Brudick (Address) 928 N. 14th St.

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.

1 X14028

**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,

*L. Boykin*  
*myself*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Thomas Boykin*

Licensed Embalmer No.....

*Louis Boy*

P. O. Address.....

*2946*

**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.**