

FILED MAR 19 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH6482
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
 (b) Township..... Primary Registration District No. 4172 Registered No.....
 (c) City Kennett Mo. (d) Street No..... St.
 (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

Martha Ann Renard
 (a) Residence, No. 207 W. 7th St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edie Renard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1859

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
80 9 8

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. Housework
 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) Leum /

13. NAME J. W. Wayman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leum /

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leum /

17. INFORMANT (ADDRESS) Leum Bullinger
Kennett Mo. R.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marsh Cem DATE 2-9 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leum and Co
Kennett Mo.

20. FILED 2-22 1940 W. H. Miller
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1939 to 2-8 1940

I last saw h. or alive on 2-6 1940. Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Myocardial Failure
9:58
 Date of onset

Other contributory causes of importance:

General Atherosclerosis

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) W. H. Miller M. D.

(Address) Kennett Mo.

RECEIVED

District Health Officer No. 2

District File Number 340-818

Date Filed 3/15/4

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.....

Licensed Embalmer No.....

P. O. Address.....

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.