

APR MAY 12 1940

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

14548
Do not use this space.

1. PLACE OF DEATH
 (a) County Carroll Registration District No. 138
 (b) Township Prairie 2 Primary Registration District No. 3198
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Louis Renzelman
 (a) Residence, No. Norborne, Mo. R.R.D. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christena Renzelman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
86 7 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Last year 11. Total time (years) spent in this occupation. Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo.
 FATHER 13. NAME Wm. Renzelman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Mary Schroeder
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Dona Brunworth
Carrollton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem DATE Apr. 24 1940
 19. FUNERAL DIRECTOR (ADDRESS) W. T. Stoud
Norborne, Mo.
 20. FILED 4-23 1940 B. E. Cole
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22 1940
 22. I HEREBY CERTIFY, That I attended deceased from 4-2- 1940 to 4-22- 1940
 I last saw him alive on 4-22- 1940 Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
suppurating
 Date of onset 4-2-40
 Other contributory causes of importance: 118
suicidal
 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) B. E. Cole, M. D.
 (Address) Norborne, Mo.
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N. B.—Every item of information should be carefully studied. 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filled 5-9-40

STATEMENT BY LICENSED EMBALMER

I, A. J. Strand, Licensed Embalmer No. 2406

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed A. J. Strand

Licensed Embalmer No. 2406

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.)