

Registration District No. **718**

Primary Registration District No. **6830**

Registrar's No. **994**

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam

(c) City or town Unionville
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME: Loran Ju. Rennells

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 14 1935
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 8, 1940 to Aug 11, 1940 that I last saw him alive on Aug 11-1940, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Unionville 0
(City, town, or county) (State or foreign country)

Immediate cause of death: Epilepsy

Due to: ?

Due to: ? 85

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER:

12. Name Loran Rennells 0

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Loa Hill 0

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Loran Rennells
(b) Address Unionville Mo

17. (a) _____ (b) Date thereof Aug 13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville

18. (a) Signature of funeral director W. Husted & Son
(b) Address Unionville Mo

19. (a) Aug 15 1940 (b) W. W. Gillum
(Date received local registrar) (Registrar's signature)

Major findings: _____
Or operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 645
(Specify type of place) While at work? (e) Means of injury.

23. Signature E. H. Macee (M. D. or other) _____
Address Unionville Mo Date signed 8/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 9-40-1702

Date Filed SEP 5 1910

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

F. O. Husted

Licensed Embalmer No.

2975

P. O. Address

Unionville

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.