

140
39
13159

Registration District No. 5421

Primary Registration District No. 5731

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Vienna
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
City or town Vienna
(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 ANNA M. RENKEMEYER

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

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Renkemeyer 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Dec 8 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Marion County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Andrew Weidinger

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

14. Maiden name Gra Bepher

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

16. (a) Informant Henry Renkemeyer

(b) Address Vienna, Mo

17. (a) Burial (b) Date thereof Nov 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Mo

18. (a) Signature of funeral director _____
(b) Address Vienna, Mo

19. (a) Nov. 15, 1940 (b) Mrs. Louis Gads
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 13, 1940
year 1940 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 28, 1940 to Nov. 13, 1940;
that I last saw her alive on Nov. 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 10 mo.

Arteriosclerosis of kidney?
Due to hypertension?

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Of 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:

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. Howard (M. D. or other) MD

Address Vienna, Mo Date signed 11/15/40

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

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

M. B. Bunnell

Licensed Embalmer No.

3664

P. O. Address

Vienna, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.