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

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3486

Registration District No. 575 Primary Registration District No. 4339 5771 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Moniteau

(b) City or town Tipton, Mo. (Rural) Willow Fork
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 19 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Moniteau 68

(c) City or town Tipton, Mo. (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Willow Fork Twp. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Walter Rennison

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mollie Rennison

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September (Month) 24 (Day) 1871 (Year)

8. AGE: Years 69 Months 3 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace Cooper County (City, town, or county) Missouri () (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name James Harvey Rennison
13. Birthplace Cooper County (City, town, or county) Missouri () (State or foreign country)

MOTHER
14. Maiden name Sarah Cartner
15. Birthplace Cooper County (City, town, or county) Missouri () (State or foreign country)

16. (a) Informant Mrs Walter Rennison
(b) Address Tipton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 25 (Day) 41 (Year)
(c) Place: burial or cremation Moreau Cemetery

18. (a) Signature of funeral director Jewell E. Richards
(b) Address Tipton Mo

19. (a) 1-24-41 (Date received local registrar) (b) Mrs. C. E. Fife (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 23rd year 1941 hour 8 minute 40P. M.

21. I hereby certify that I attended the deceased from Dec 1-1940 Jan 23, 1941, to Jan 23, 1940 that I last saw him alive on Jan 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to Chronic Tubercular infection.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature J B Norman (M. D. or other) 0
Address Tipton Mo Date signed 1-24-41

(Licensed Embalmer's Statement on Reverse Side)

23

## 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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jennell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, Mo

**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.**

S. No. 2B
1-40

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3486

Registration District No. 575 Primary Registration District No. 5771 13 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Monteau
(b) City or town Willow Park
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 James Walter Rennison
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic Interstitial Nephritis
Due to Chronic Tubercular infection
Due to Infection of both Kidneys
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. B. Norman (M. D. or other) MD
Address Tipton Mo. Date signed

SUPPLEMENTARY