FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17316

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1978

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 18 (If outside city or town limits, write "RURAL") 0

(d) Street No. 10 South Halleck, (If rural, give location)

(e) If foreign born, how long in U. S. A.? No 2 years.

3. (a) PRINT FULL NAME Dorothy Renkoski

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Non (Month) 7 (Day) 1925 (Year)

8. AGE: Years 15 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Joseph Renkoski
13. Birthplace Pierce City Mo () (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Wicinski
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Dorothy Renkoski

(b) Address 10 South Hallock, K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary

18. (a) Signature of funeral director Harry Butler

(b) Address 753 Central Ave., K.C.K.

19. (a) May 20, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19 year 41 hour 6:15 minute P M.

21. I hereby certify that I attended the deceased from [illegible], 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: Fracture of the skull Subdural hemorrhage	
Due to: Automobile traumatism	
Due to:	6
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	170
Of autopsy See form	18

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) Accident 123

(b) Date of occurrence 5/18/41

(c) Where did injury occur? Tarkana Co Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

While at work? No (e) Means of injury Allegheny Cook

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 5/20/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. 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.

1 X19511

Highway report 7-31-41
Car ran off roadway - into ditch -
a non collision -

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 Russell W Dennis

Licensed Embalmer No. 3462

P. O. Address Kansas City Ka

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.